

62
x
nothing 12 min
29 OCT 1961

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.



FOR THE YEAR ENDED 31ST DECEMBER, 1960

[FIFTY-THIRD YEAR]

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1960

[FIFTY-THIRD YEAR]



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30081221>

INDEX

	PAGE
After Care	55
Audiology	8, 22-25
Aural Treatment, see " Ear, Nose and Throat "	
Blind Pupils	8, 52, 58, 84-85
Cerebral Palsy	56
Chest Clinic, see " Tuberculosis "	
Chicken Pox	16, 49
Child Guidance Treatment	43-45, 60, 70, 71, 82
Chiropody	37, 70, 71, 82
Cleanliness (Head and Body)	16, 17, 46, 78
Clothing and Footwear	46
Convalescent Treatment	14, 57, 82
Co-operation with Parents, Teachers, etc., and National Health Service	13
Cost of School Health Service	86
Deaf and Partially Deaf Pupils	8, 22-25, 52, 58, 84-85
Defective Vision, see " Eyes "	
Delicate Pupils	52, 54, 58, 84-85
Dental Treatment	16, 28-35, 67, 70, 71, 83
Diabetes	56
Diphtheria and Immunisation	49, 50, 70, 71, 82
Dysentery	16, 49
Ear, Nose and Throat	8, 16, 22-25 48, 68-69, 70, 71, 79-80, 81
Education Welfare Officers, Co-operation with	13
Educationally Sub-Normal Pupils	16, 52, 54-56, 58, 84-85
Employment obtained by Special School Leavers	16, 55-56
Employment of Children	9, 63
Epileptic Pupils	58, 84-85
Eyes	17, 20, 48, 68-69, 70, 71, 77, 79-80, 81
Fairthorn Convalescent Home	14
Further Education for Handi- capped Pupils	59
General Condition of Children	7, 17, 70
General Information	11, 68
General Practitioners, Co-operation with	13
Handicapped Pupils	8, 52-59, 84-85
Health Education	47, 63
Hearing, see " Deaf and Partially Deaf Pupils "	
Heart Diseases and Rheuma- tism	38, 68-69, 70, 71, 79-80, 82
Heights and Weights	7, 72-76
Home Tuition	57, 85
Home Visits	48, 70
Impetigo	68-69, 81
Infectious Diseases	49
Inspection Clinics	19, 66, 68-69, 70, 71

	PAGE
Juvenile Delinquency	7, 16
King Edward VII Orthopaedic Hospital	37
Late Hours (Children)	16
Maladjusted Children	59, 84-85
Measles (incl. German)	49
Meningitis	49
Milk in Schools	7, 64
Minor Ailments Clinics	19, 66, 68-69, 70, 71
Mumps	16, 49
National Health Service, Co-operation with	13
Nursery Schools and Classes	62, 76
Nutrition	17
Obesity	16
Ophthalmic Treatment	20, 70, 71, 81
Orthopaedic Treatment	36-37, 68-69, 70, 71, 79-80, 81
Orthoptic Treatment	21, 68-69, 70, 71, 79-80, 82
Parents, Co-operation with	13
Partially Sighted Pupils	20, 52 53, 54, 84-85
Periodic Health Inspections	9, 15, 70, 77, 79
Physical Education	62, 87-99
Physically Handicapped Pupils	52, 53, 59, 84-85
Poliomyelitis	49
Problem Families	60-61
Remand Homes	63
Residential Special Schools	58-59, 84-85
Rheumatism and Heart Diseases, see " Heart Diseases "	
Ringworm	19, 68-69, 81
Scabies	19, 68-69, 81
Scarlet Fever	49
School Buildings	7, 18
School Meals	7, 64
School Nursing	46-48, 70
Skin Diseases	16, 19, 68-69, 79-80, 81
Special Examinations	63, 70, 78, 80
Spectacles	20, 81
Speech (Therapy and Defects)	26-27, 59, 68-69, 70, 71, 79-80, 82, 84-85
Staff and Co-ordination	5-6, 12
Statistical Tables	11, 66-86
Teachers, Co-operation with	13
Tetanus Immunisation	50
Tuberculosis	8, 39-42, 82
Vaccination (B.C.G.)	8, 41-42, 50, 82
do. (Poliomyelitis)	50, 51
do. (Smallpox)	51
Verminous Children, see " Cleanliness "	
Vision, see " Eyes "	
Weights, see " Heights and Weights "	
Whooping Cough	49, 50

CITY OF SHEFFIELD EDUCATION COMMITTEE

CHILD WELFARE SUB-COMMITTEE

Chairman — Coun. L. COPE
Deputy-Chairman — Ald. J. S. WORRALL, J.P.

Ald. A. BALLARD, C.B.E., LL.D.	Ald. P. C. J. T. KIRKMAN
Coun. G. BENNETT	Coun. M. J. SEWELL, M.P.S., J.P.
Mrs. B. BUCHANAN, J.P.	Mr. J. J. SIMMONS
The Reverend F. DUCKWORTH, M.A.	Mr. T. DRURY SMITH, M.C., J.P.
Mr. A. W. FISHBURN	Mrs. C. SUMNER, B.Sc., J.P.
Coun. Mrs. F. M. GATHERCOLE	Coun. E. TINDALL
Coun. Mrs. W. M. GOLDING	Ald. P. J. M. TURNER, C.B.E., J.P.
Coun. The Reverend A. GREEN, J.P.	

SHEFFIELD BLIND SCHOOL MANAGEMENT COMMITTEE

Chairman — Coun. L. COPE
Deputy-Chairman — Ald. J. S. WORRALL, J.P.

Ald. A. BALLARD, C.B.E., LL.D.	Mr. J. J. SIMMONS
*Mr. N. BODDY, J.P.	Mr. T. DRURY SMITH, M.C., J.P.
Mrs. B. BUCHANAN, J.P.	Coun. E. TINDALL
*Mr. R. HARGREAVES, M.B.E., M.A., LL.B.	Ald. P. J. M. TURNER, C.B.E., J.P.
Coun. M. J. SEWELL, M.P.S., J.P.	

(* Co-opted members who were previously Governors of the School)

JOINT SUB-COMMITTEE (EDUCATION AND HEALTH) re HEALTH SERVICES

Representatives of the Education Committee :

The Chairman (Ald. A. BALLARD, C.B.E., LL.D.)
The Deputy-Chairman (Coun. M. J. SEWELL, M.P.S., J.P.)
Coun. L. COPE
Ald. Sir HAROLD JACKSON, LL.D.

Representatives of the Health Committee :

The Chairman (Ald. Mrs. P. SHEARD, B.A., J.P.)
The Deputy-Chairman (Coun. J. PATE, J.P.)
Coun. H. S. GENT
Ald. Mrs. G. TEBBUTT, J.P.

Director of Education — T. H. TUNN, M.A.

STAFF

Medical Officer of Health and Principal School Medical Officer
LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer
C. H. SHAW, M.D., D.P.H., D.P.A.

Senior School Medical Officer
E. GWENDOLINE M. OATES, M.D., M.R.C.S., L.R.C.P.

Full-Time School Medical Officers

JAMES GREER, L.R.C.P.(I), L.R.C.S.(I), L.M. DAVIDA M. PILKINGTON, M.R.C.S., L.R.C.P.
KATHERINE S. P. HILL, M.B., B.Ch., B.A.O.(B.A.). EITHNE M. SWALLOW, B.A., M.B., B.Ch., B.A.O.
DORIS E. MORTON, B.A., M.B., B.Ch., B.A.O., L.M.

Part-time School Medical Officers

DOREEN C. B. COLVER, M.B., Ch.B., D.C.H. HELEN ESSENHIGH, M.B., Ch.B.
CHARLES O. GREER, B.A., M.B., B.Ch., B.A.O.

School Medical Officers also serving in the Public Health Service

ETHEL SKERRITT, M.D., M.R.C.S., MARY B. VINCENT, B.A., M.B., B.Ch., B.A.O., C.P.H.
L.R.C.P., D.P.H.

Assistant Medical Officers of Health also serving in the School Health Service

MARION E. JEPSON, B.Sc., M.B., Ch.B., KAZIMIERA H. TLUSTY, M.D., D.C.H.
D.C.H., D.P.H.

Joint appointments to School Health and Public Health Services

ROLAND E. BROWNE, M.R.C.S., L.R.C.P., D.P.H. KATHLEEN M. LUMB, M.B., Ch.B., D.Obst.,
CHRISTINA F. J. DUCKSBURY, M.B., Ch.B. R.C.O.G., D.C.H., D.P.H.
ROSEMARY HULLEY, M.B., Ch.B., CHARLES R. OYLER, M.R.C.S., L.R.C.P.
D.Obst., R.C.O.G., D.C.H. JOHN SARGINSON, M.B., B.S., D.P.H.

Specialist Officers

Ophthalmic Section	..	..	..	..	†*MALCOLM FERGUSON, M.B., B.S., D.O.M.S.
Aural Section	..	..	..	..	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
Orthopædic Section	..	..	..	..	†*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.
Rheumatism and Heart	..	..	..	..	†*JOHN LORBER, M.D., M.R.C.P.
Orthodontic Section	..	..	..	..	*(VACANCY)

Orthoptists

†*Mrs. JEAN DRAYCOTT, D.B.O.(T.). †*Miss JENNIFER A. SMITH, D.B.O.
*†Miss NINA C. WHITTLES, D.B.O.

Full-time School Nursing Sisters

Miss ELSIE DENT, S.R.N., S.C.M., H.V.Cert. (Chief School Nursing Sister)	
Miss PHYLLIS M. ARTHUR, S.R.N.	Mrs. MARGARET T. JONES, S.R.N.
Mrs. OLIVE A. ASHTON, S.R.N., S.C.M.	Miss DOREEN A. KIRK, S.R.N., R.S.C.N., S.C.M., H.V.Cert.
Mrs. MARJORIE BARNSLEY, S.R.N., S.C.M.	Miss CONSTANCE M. LAMBERT, S.R.N., S.C.M.
Mrs. ELIZABETH BATES, S.R.N., R.F.N., C.M.B.(Part I)	Mrs. JOYCE LEACH, S.R.N.
Mrs. GRACE E. BROWN, S.R.N., S.C.M.	Mrs. LILIAN LIVERSIDGE, S.R.N., T.A.&Orth. Certs.
Mrs. JOYCE C. COGGINS, S.R.N.	Mrs. MARGARET MacDOUGALL, S.R.N., C.M.B.(Pt. I)
Mrs. ELSIE M. COX, S.R.N., S.C.M.	Mrs. EVELYN NOBLE, S.R.N.
Miss EDITH DONCASTER, S.R.N.	Mrs. MARY A. REID, S.R.N., S.C.M.
Miss BETTY DRIVER, S.R.N., S.C.M.	Mrs. GRACE RICHMOND, S.R.N.
Mrs. IVY HIBBERT, S.R.N., S.C.M.	Miss AUDREY E. SALVIN, S.R.N., S.C.M., H.V.Cert.
Miss MARGARET HILTON, S.R.N., R.F.N., S.C.M.	Miss LUCY SCOTT, S.R.N., S.C.M.
Miss CLARICE HOBSON, S.R.N., R.F.N., S.C.M.	Mrs. BRENDA SHEPHERD, S.R.N.
Mrs. VERA C. M. JAMES, S.R.N.	Miss GRACE STANIFORTH, S.R.N., S.C.M.
Mrs. CONSTANCE E. JONES, S.R.N., C.M.B.(Pt. I)	Mrs. ELSIE S. WOODWARD, S.R.N., S.C.M.
(One Vacancy for School Nursing Sister)	

Health Visitors also serving in the School Health Service

Miss PATRICIA ALDEN, S.R.N., S.C.M., H.V.Cert.	Miss PATRICIA A. TAYLOR, S.R.N., S.C.M., H.V.Cert.
Mrs. NINA BARTON, S.R.N., S.C.M., H.V.Cert.	
Miss BARBARA BRAMWELL, S.R.N., S.C.M., H.V.Cert.	Mrs. MARJORIE WILD, S.R.N., C.M.B.(Part.I), H.V.Cert.
Mrs. NANCY J. JOHNSON, S.R.N., S.C.M., H.V.Cert.	Miss URSULA M. WILLOUGHBY, S.R.N., S.C.M., H.V.Cert.
Miss MARY I. PHILLIPS, S.R.N., S.C.M., H.V.Cert.	Miss DOROTHY E. R. YOULE, S.R.N., S.C.M., H.V.Cert.

Nursing Assistants

Mrs. DOROTHY R. BAKER
Miss KATHLEEN BELL
Miss DOROTHY BURDEKIN
Miss ENID CLOUGH
Mrs. MARY CRAPPER, S.E.A.N.
Mrs. DOROTHY DARWIN

Miss ELIZABETH GILL
Miss JANET M. PECKITT, N.N.E.B.Cert.
Miss NORRIE A. SMITH
Mrs. JOAN STONEY
Mrs. MARY E. TOWNEND, S.E.A.N.
Mrs. JOAN M. TURNER

Miss KATHLEEN WRIGHT

Dispenser at Clinics—GEORGE WARRILOW

Principal School Dental Officer

EDGAR COPESTAKE, L.D.S.

School Dental Officers

AIDAN BLOOMFIELD, L.D.S.
ALBERT E. CLARKE, L.D.S.
ALFRED E. GISBURN, L.D.S.

Mrs. EDITH M. M. HAGUE, L.D.S.
Miss AGNES M. THOSEBY, L.D.S.

(Six Vacancies for School Dental Officers)

Dental Anæsthetist

*IAN ASHFORTH, M.B., Ch.B.

Dental Attendants

Miss JEAN SMITH BANBURY
Miss DOROTHY V. BROWN
Mrs. OLGA V. HABERSHON
Miss WINIFRED M. McKENZIE

Miss CLARE E. MARLOW
Miss CLARA L. MARSDEN
Mrs. FRANCES MORRIS
Mrs. AUDREY ROSS

(Four vacancies for Dental Attendants)

Oral Hygienist

(VACANCY)

Dental Technicians

CLIFFORD J. ATKIN (Senior)
(Vacancy for Dental Technician)
(Vacancy for Apprentice)

CHILD GUIDANCE CENTRE

Medical Director—THE SENIOR SCHOOL MEDICAL OFFICER

NOEL E. WHILDE, M.Sc., F.B.Ps.S.
(Educational Psychologist in charge)
Miss EDITH M. FAWCETT, B.Sc.
(Educational Psychologist)
Miss RUTH J. M. GARDEN, M.A., Ed.B.,
A.B.Ps.S. (Educational Psychologist)
DENIS LAWRENCE, B.A.
(Educational Psychologist)

KENNETH A. SMART, B.Sc., Ed.B.
(Educational Psychologist)

JOHN R. WILSON, B.A., B.Ed.
(Educational Psychologist)

†*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,
D.P.M. (Psychiatrist)

*Mrs. C. ROSE HOLMES
(Psychiatric Social Worker)

(Vacancies for Psychiatric Social Worker and Psychotherapist)

SPEECH THERAPY CLINIC

Mrs. ANNE A. STOCKDALE, L.C.S.T.
(Senior Speech Therapist)
Miss ANNE B. CHAPMAN, L.C.S.T.
(Speech Therapist)

Mrs. MARGARET R. LEE, L.C.S.T.
(Assistant Speech Therapist)

(Vacancy for Assistant Speech Therapist)

Chiropodist—*LEONARD ALDAM, M.Ch.S.

Physiotherapist—(VACANCY)

BENTS GREEN SPECIAL SCHOOL FOR DELICATE CHILDREN

Miss KATHLEEN GRAYSON, S.R.N.,
Cert. in Housekeeping (Matron)

Miss MURIEL M. HARTLEY, S.E.A.N.
(Resident Assistant Nurse)

MAUD MAXFIELD SCHOOL FOR THE DEAF

Miss DIANA E. WALLIS (Matron-Housekeeper)

SHEFFIELD SCHOOL FOR BLIND CHILDREN

Miss ANNE CARTWRIGHT (Matron-Housekeeper)

CLERICAL STAFF

WILLIAM F. HERN (Administrative Assistant)

DONALD STANIFORTH, D.P.A. (Senior Clerk)

Miss RITA BARRATT
Mrs. FREDA BINNS
Miss BETTY E. BLACKWELL
Mrs. JOYCE BRIGGS
Mrs. RITA BURKINSHAW
Miss JEAN E. CUCKSON
ROGER A. DODDS
Miss MARGARET J. EMERSON
Miss JEAN M. FOX
Miss WENDY A. GLEED
Miss SANDRA LOCKETT
Mrs. DOROTHY MACDONALD

Miss ADRIENNE MORRISON
Miss JACQUELINE PEARCE
Mrs. MARGARET M. RAWSON
Miss PATRICIA SMALLEY
Miss LILIAN SMITH
Miss JOAN M. SPARLING
ALVAN J. SWIFT
Miss JOSEPHINE TAYLOR
Miss ANNE M. THOMPSON
Mrs. BRENDA J. WALSH
Miss JENNIFER R. WRIGLEY

SCHOOL HEALTH SERVICE, Central Clinic, 7, Leopold Street, Sheffield, 1.

(Telephone 26341).

(Note : *Denotes part-time Officer. † Denotes appointment by arrangement with the Regional Hospital Board).

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE :

I again have the honour to present the Report on the work of the School Health Service for the year ended 31st December, 1960. The work has followed a well-established pattern ; but the design is never quite the same from year to year, being adapted to meet constantly changing conditions.

The ill-ventilated dark Victorian edifices have for many years now been slowly giving way to spacious new schools which provide a healthy environment in which to live and learn. Almost half the pupils of Sheffield still take school dinners, and during 1960 free milk was provided to the extent of some 478,794 gallons—equivalent to the annual output of a herd of 567 cows !

There has been a corresponding improvement both in housing conditions, and in the standard of nutrition and care received generally in the home. In the circumstances it is hardly surprising that children of the present generation are taller, heavier and, incidentally, healthier than their forebears. While weighing and measuring are rituals of limited value to the child, statistics maintained assiduously for many years (see page 72), are of exceptional interest from a national viewpoint. The Sheffield figures have been widely quoted, most recently in a report of the Principal School Medical Officer of the London County Council.* Careful observation has confirmed that this is not simply an increase in size but for many children it represents an acceleration of normal bodily development. Although subject to considerable individual variation, for the average child it means that physical adolescence is developing progressively earlier. While physically more robust the boy and girl is groping towards a corresponding emotional maturity. As the interval between biological maturity and economic independence lengthens, it is possibly not surprising that we hear of emotional and sexual difficulties in schools, and young people who on occasions kick over the traces. However, juvenile delinquency is a complex symptom and, although not confined to the mentally backward, is found more commonly in those whose development, mental and emotional, has for one reason or another been thwarted. The efforts to counter these tendencies at as early an age as possible are very important.

*Report on the Heights and Weights (and other measurements) of School Pupils in the County of London in 1959.

Although no one doubts the value of removal of tonsils or adenoids in certain cases, the Chief Medical Officer to the Ministry of Education has on a number of occasions pointed out the wide variations existing in different areas. A survey of "leavers" in 1958 showed that in Sheffield 13% of pupils had been operated on—about half the national average for County Boroughs. At the extremes were Swansea with a figure of 1.3%, while Huntingdonshire topped 43%. After all these years it is unfortunate that such conflicting opinions should be held on the indications for operation. It would seem a comparatively simple research project to assess more accurately the results of treatment.

It is interesting and encouraging to witness the growth of facilities for the ascertainment of the handicapped child, and the provision of any necessary care and special educational treatment. The discovery or assessment of deafness by means of the pure tone audiometer (page 22) is time-consuming, but severe degrees of high frequency deafness may easily be overlooked without the use of such special methods. It will be noted that a substantial number of retests are carried out as a result of follow-up from previous years.

Retrolental fibroplasia still accounts for nearly half the pupils at the Sheffield School for the Blind (page 20). The condition has usually developed in premature babies nursed in an oxygen tent but, as the danger is now recognised, the figures of blindness from this cause should gradually drop.

The control of infections by means of antibiotics has resulted in a great number of cases of congenital deformity surviving early childhood and reaching school age. At the same time it is increasingly important that these conditions should be recognised as advances in surgical treatment have, in some cases, made radical cure possible. It should be borne in mind that congenital abnormalities causing little or no disability in school may yet result in death during early adult life.

Dr. Jepson gives an account on page 41 of the extensive measures now being undertaken to safeguard children and young adults against tuberculosis. It would perhaps be too optimistic to describe tuberculosis as a vanishing disease but undoubtedly our present means of control should encourage a concerted effort to stamp out this once feared scourge. I notice in an early Report of Sheffield's first School Medical Officer, Dr. Ralph Williams, that 63 cases of pulmonary tuberculosis were notified in 1908 among children aged 5–14; the number of deaths in this age group was 18. Fortunately clinical tuberculosis has now become almost a rarity among school children, and we have had no deaths for very many years.

Though the number of school children not passed as fit for part-time employment (page 63) shows some increase on the previous year, it is still only of the order of 0·6%.

The body of the Report has, as usual, been compiled and edited by Dr. E. G. M. Oates with the help of the administrative staff. I would particularly draw attention to the remarks on page 15. Medical inspection in schools remains the sheet anchor of the School Health Service. The basis of examination has been the periodic scrutiny of all pupils at specified age groups—as soon as possible after entry into the infant school, and during the first and final years at the secondary school. Of late there has been a growing body of opinion which believes that, after the “entrant” examination, pupils might with advantage be selected on an individual basis. Selection might, for example, follow consideration of the child’s medical history and attendance record, and after consultation with the teaching staff. It appears significant that the School Health Service Regulations, 1959 remove all stipulations regarding the frequency of medical inspection. A prerequisite of any such scheme is that time is allowed for a more leisurely examination than is possible at present, giving greater opportunities for discussion with the parent. The school medical officers, in consequence, would not spend less time in school, but less time is likely to be spent in the routine examination of healthy children.

Despite the advances and changes in School Health it is essential to keep the object of the service clearly in mind. It is essentially an educational service, and evolved to ensure the best teaching and development for the handicapped child and, where possible, to prevent disability occurring. In the beginning it was necessary because no one else was able or willing to undertake this duty. There have been great changes. The gross handicaps of malnutrition, inadequate rest, uncleanliness and vermin, infection and rickets are no longer with us. Cleanliness is now expected in the same way as “dirty heads” were previously accepted; malnutrition has been to some extent superseded by a fear of the effects of overeating and unwise indulgence. Many of the parents of present day children have themselves benefited by the Service and accept the responsibilities for the care of their children, which in the past had to be assumed by the Education Authorities. The teachers have always been an essential factor in this work.

New problems have come to light as we have got to understand more about the child’s development, and emphasis is shifting from the purely physical defects to the problems of emotional and mental development. There is little point in improving a limp but leaving a mental scar, or of frightening a child into good behaviour. The fears we older people experience in facing

the problems of a rapidly changing age have their counterpart in a child's emergence from the protection of the home into a bewildered and bewildering world. We must be forbearing, understanding and always try to provide that security of which life often seems bereft. The opportunities of the future are so great.

Those whose mental development is below normal will continue to be an educational problem, and we know little of their real needs—it is certainly not that of trying to make them into first class scholars. Defective hearing and seeing leaves a child with more than an inability to see or hear—he has had less opportunities to find his way in a world that is, to him, indistinct. We should be prepared to give more time to this work, to understanding what these defects mean and then trying to provide adequate compensations and preventive measures—even at the expense of some of the now rather unrewarding routine medical examinations.

It is an agreeable custom in concluding this introduction to express thanks to the Director of Education and also to the Chairman and Members of the Child Welfare Sub-Committee for their continued support and guidance. The School Health Service must always be a team effort and doctors, nurses, teachers and ancillary workers approach their daily task with a common purpose.

LLYWELYN ROBERTS,
Principal School Medical Officer.

CITY OF SHEFFIELD

GENERAL INFORMATION

Population (as estimated mid-1960)	..	..	..	499,610
Area .. .. .	..	..	..	39,598 acres
Density of Population..	..	..	..	12·62 persons per acre
Rateable Value..	..	..	..	£6,575,886
Education Rate	..	..	..	249·66d.
Penny Rate produces ..	..	..	..	£27,019
Primary and Secondary Schools (including Nursery Schools)—				
Number of schools	..	..	..	223
Number on rolls ..	..	..	..	70,149
Special Schools—				
Number of schools	..	..	..	16
Number on rolls ..	..	..	..	1,321

STAFF AND CO-ORDINATION

As usual, there have been staff changes. Dr. Hall has left and Dr. Ducksbury, Dr. Oyler, Dr. Sarginson and Dr. Hulley have been welcomed, bringing the staff up to full strength. The close liaison between Dr. Parker, the Senior Medical Officer for care and after-care, continues, and a similar liaison between Dr. Horsley, the Senior Medical Officer for mental health, is established.

On the school nursing side, Sister Lloyd, who was appointed at the beginning of the year, had to resign for personal reasons, and Sister Spilsbury has also resigned. Sister Jones and Sister Shepherd have been appointed. Sister Williamson and Sister Poules were granted leave of absence to take the Health Visitors Course at Leeds. Mr. Lawrence, Educational Psychologist, was appointed in January, 1960. There is still a vacancy for a psychiatric social worker and a psychotherapist. The resignation of Mrs. Beer, Assistant Speech Therapist, was also received.

CO-OPERATION WITH OTHER BODIES

“ I'll go with thee, cheek by jole.”

William Shakespeare, “ A Midsummer Night's Dream.”

NATIONAL HEALTH SERVICE

The specialist clinics arranged with the Regional Hospital Board continue; details of each one are given elsewhere. Contact with the hospitals continues, if anything, more closely. This is particularly noticeable with the cerebral palsied children, and the young deaf children. Copies of the letters sent to the general practitioners by the pædiatricians are greatly appreciated. A school nursing sister visits one hospital each week ; this personal contact is valuable, and in all hospitals there is co-operation with the almoners. Following the usual custom, letters were sent to the general practitioners telling them of any defects found in school leavers, together with a copy of Forms Y.9 or Y.10. 335 such reports were sent during the year, that is 7·6 per cent. of the leavers as against 7 per cent. for the previous year. The conditions dealt with were :—

DEFECTS	NO. OF CHILDREN
Defective vision	41
Defective colour vision	65
Other abnormalities of eyes	5
Deafness	52
Otitis media	11
Other E.N.T. conditions	11
Chest conditions	30
Rheumatism	10
Other heart conditions	25
Epilepsy	9
Orthopædic	35
Others	41
	<hr/> 335 <hr/>

PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

At the periodic health inspections, 12,549 (11,772) parents attended with their children. This is equivalent to 55·0 (51·5) per cent. attendances with boys and 63·9 (54·5) per cent. with girls. These figures show an increase from those of last year, which are given in brackets.

Thanks must be given to the teachers, inspectors, education welfare officers, the Children's Officer and his staff, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Voluntary Association for Mental Welfare and the Council of Social Service for all their valuable help.

Also, thanks must be given to the local press for the realistic and sympathetic approach which is given to all matters concerning the School Health Service.

Once more the Sheffield School Children's Holiday Association, supported by the Sheffield School Teachers, made full use of the Fairthorn Convalescent Home. During the period February 29th to December 21st, when the house was open, 117 boys and 96 girls were there for convalescent treatment. In addition to this, 54 children selected by the teachers went there during the summer vacation. Most of these were children who would not otherwise have gone away from home for a holiday. Prior to admission, each child was examined by a school medical officer and passed as free from infection and suitable.

PERIODIC HEALTH INSPECTIONS

“ Can one desire too much of a good thing?”

William Shakespeare, “ As You Like It,” IV, i.

At present, all children are medically examined at the age of 5, again in their first year at Secondary school (aged 11) and again within their final year at school (aged 14 or over). There is much controversy throughout the country about these examinations. It cannot be denied that the first examination is important, for any defect or abnormality is noted at the commencement of the child's school life, and appropriate action can be taken. There is no doubt that a great deal of time is spent on examining perfectly healthy children in this second group, and it may be that the time of the school medical officer would be better spent in more frequent and less lengthy visits to schools. Children referred from previous examinations and by the teachers and school nursing sisters would be examined, and parents of these invited, thus retaining the school health service—teacher—parent partnership. The teachers, by their day-to-day association with the children, would be the first to notice any deviation in children either in work or behaviour, and more time could be spent on such children. This follows the pattern of work already in existence in the junior schools. Here the school medical officer visits annually for a medical survey and examination of selected cases. The medical examination in the final year of school life enables an up-to-date report to be sent to the general practitioner, if necessary, and also recommendations to the Youth Employment Bureau regarding employment. The school nursing sisters make frequent visits to schools and, if any periodic health inspections were omitted, they would form a still closer link between teacher, school medical officer and parent. The main statistics on medical inspection will be found on pages 77 to 80, the findings being given in accordance with the Ministry's requirements.

The number of children (1959 figures in brackets) found at periodic health inspections to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease) was 3,475 (3,243), or 16·5 per cent. of those inspected. In addition 4,747 (3,595) were referred for further medical supervision.

At the “ follow-up ” examinations which take place the year after the periodic health inspection 5,877 (3,970) children were examined.

There were 1,194 (830) cases selected at survey inspections, of whom 227 (123) were found to require treatment.

REPORTS FROM SCHOOL MEDICAL OFFICERS

" For this relief, much thanks."

William Shakespeare, " Hamlet," I, i.

The following embody some of the comments that have been made by the School Medical Officers :—

Dr. Greer considers that the health of the school children in his area has remained at a satisfactory level, apart from sporadic outbreaks of dysentery which have been quickly brought under control. He goes on to discuss the role of television so often blamed for the increase in juvenile delinquency, pointing out that the stimulus from " bloods " has been present for generations. It can be argued that television may have an adverse effect on those children whose mental attainments do not allow them to discriminate and to whom the stimuli of better types of literature are not available ; such children tend to rely on imitation rather than on rational thought.

Dr. Skerrit agrees with Dr. Greer about the low incidence of infection but considers that, although cleanliness reaches a high standard in most schools, there is need to keep secondary schools under careful supervision, as the children attending these schools come from a wide area and use public transport more extensively. She feels that debilitated children are few and that obesity is now a bigger problem than undernourishment.

Dr. Hill states that her impression is that the health of the children in the Greenhill area has improved since the families moved to the new housing estate ; this is especially noticeable in the children who suffer from bronchitis. On the other hand the number of cases of otitis media appears to have increased—some of these children, however, though attending Greenhill Secondary and Technical schools live in other districts.

Dr. Pilkington feels that the children in her area go to bed very late and that many parents do not appreciate the need for adequate sleep for their children. This reluctance to go to bed is possibly due in part to the crowded conditions in which a number of families have to sleep.

Dr. Lumb comments on her visits to the Highfield Special School for senior E.S.N. girls and considers that the follow up of leavers is of great importance in the efforts that are made to settle them in congenial work. The assistance of the Senior Medical Officer for Mental Health on behalf of these children is appreciated.

Dr. Ducksbury notes that there have been small epidemics of chickenpox and mumps ; there have also been sporadic cases of infective hepatitis which is notoriously difficult to control. Several cases of chronic ear infections have come to light at periodic inspections ; it is suspected that some parents default in providing treatment for this condition. She also feels that some parents are apathetic about regular dental treatment and also about the hours of sleep for their children.

GENERAL CONDITION

“ It is much easier to recognize error than to find truth.”
Goethe, “ Sprüche in Prosea.”

This classification, though primarily concerned with physical fitness, also includes poise and general demeanour. The percentages found to be unsatisfactory were, boys, .08%, and girls, .08%. Malnutrition through lack of food is rare. Faulty feeding is shown by the increase in the numbers of obese children. Figures for heights and weights are given in tables on pages 72 to 76.

CLEANLINESS

The figures obtained at the periodic health inspections are given below and show that the high standard of cleanliness is being maintained. These findings should be read in conjunction with the Cleanliness Survey carried out by School Nursing Sisters (see page 46).

Cleanliness of Head

					CLEAN	INFECTED			
					per cent.	HAIR			
						per cent.			
Boys	..	1945	..	..	97.04	2.96	(Nits	2.81	Lice .15)
		1957	..	..	99.42	.58	(,,	.58	,, —)
		1958	..	..	99.45	.55	(,,	.54	,, .01)
		1959	..	..	99.59	.41	(,,	.39	,, .02)
		1960	..	..	99.56	.44	(,,	.43	,, .01)
Girls	..	1945	..	..	83.24	16.76	(,,	15.83	,, .93)
		1957	..	..	97.57	2.43	(,,	2.42	,, .01)
		1958	..	..	97.54	2.46	(,,	2.45	,, .01)
		1959	..	..	98.05	1.95	(,,	1.92	,, .03)
		1960	..	..	98.46	1.54	(,,	1.54	,, —)

Cleanliness of Body

					CLEAN	DIRTY	BODY LICE
					per cent.	per cent.	per cent.
Boys	..	1945	..	..	99.56	.41	.03
		1957	..	..	100.00	—	—
		1958	..	..	99.98	.02	—
		1959	..	..	99.98	.02	—
		1960	..	..	99.98	.02	—
Girls	..	1945	..	..	99.65	.30	.05
		1957	..	..	99.99	.01	—
		1958	..	..	99.97	.03	—
		1959	..	..	99.98	.02	—
		1960	..	..	99.98	.02	—

EYE DEFECTS

The number of children found to have defective vision at the periodic health inspections are detailed below :—

				Number	Defective
				examined	vision
					per cent.
Boys	..	..	..	10,055	14.38
Girls	..	..	..	10,074	15.49

Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9 and 13 is tested by the school nursing sisters. In effect, this means that the children's vision is tested every other year as a matter of routine. The school nursing sisters referred 414 (369) children to the medical officers at the clinics ; of these, 261 (266) were found to require examination by the ophthalmologist and 119 (102) were kept under observation. No treatment was found to be necessary in 18 cases ; the parents of 16 children elected to have treatment through their general practitioners.

(Figures for previous year in brackets)

SCHOOL BUILDINGS

Gradually the old school buildings are being replaced by new ones, furnished with the most modern equipment. They are all inspected by the school medical officer during a visit to the school, attention being paid, particularly in the older type of school, to sanitation, light and heating, and cloakroom accommodation.

New schools completed during the year are Tapton Secondary, Waltheof Secondary and Granville College of Further Education. Also, additions and extensions have been made to seven schools and to the Child Guidance Clinic at Hillsborough.

INSPECTION AND MINOR AILMENTS CLINICS

“ Marion’s nose is red and raw.”

William Shakespeare, “ Love’s Labour Lost,” V, 2.

Records of the consultations during the year are given on pages 68 to 69. These figures show that the clinics still play a very important role in the work of the service.

DISEASES OF THE SKIN

RINGWORM OF THE SCALP

This year, there were no cases of ringworm of the scalp. There were only three cases last year.

SCABIES

Following the fall in the number of cases of scabies in 1959, there was an increase in the numbers in 1960. These cases were scattered and indicate that cleanliness surveys are still necessary.

OPHTHALMIC TREATMENT

“ Let’s see ; come if it be nothing. I shall not need spectacles.”

William Shakespeare, “ King Lear,” I, ii.

Mr. Ferguson, the Ophthalmologist, contributes the following :—

“ Retrolental Fibroplasia

This is now the biggest single cause of blindness amongst children in this country. In 1955, it was estimated in the U.S.A. that half the blind children under the age of seven were blind from this disease.

The average age of admission to the blind school is 5. 42% (26 children) are blind from retrolental fibroplasia, the majority of whom are totally blind. In 1956, the proportion was 20%.

In the partially sighted school, 3 children suffer from this condition.

The cause of this condition is known, and in theory the admissions from this condition should decrease, but there is no evidence of this at present.”

Spectacles

There were 2,997 pairs of spectacles prescribed. In addition, 3 repeat prescriptions were issued.

Summary of Work

								Cases	Attendances
Errors of refraction :—									
Hypermetropia and hypermetropic astigmatism								1,143	1,179
Myopia and myopic astigmatism								1,438	1,478
Mixed astigmatism								174	176
Anisometropia								216	224
Congenital defects								185	206
Inflammatory conditions								32	56
Injuries								15	20
Squint :—									
Strabismus, convergent								233	262
,, alternating convergent								75	77
,, divergent								23	27
,, alternating divergent								8	10
Phoria								23	23
Other								114	115
								<hr/> 3,679 <hr/>	<hr/> 3,853 <hr/>

ORTHOPTIC TREATMENT

At the beginning of the year, the outstanding cases from 1959 numbered 439. Of the 127 children referred during 1960, 123 became registered patients, the total attendances made by all cases being 1,757. 149 cases were discharged during the year and 413 cases were still open at the end of the year.

The details of the discharges are as follows :—

After investigation, found to be unsuitable for treatment ..	18
Cured	61
Cosmetically satisfactory	29
Left district or transferred	17
Failed to attend	24

EAR, NOSE AND THROAT DEFECTS

“ Give every man thy ear, but few thy voice.”
William Shakespeare, “ Hamlet,” I, iii.

As before, Mr. Peasegood, the Aural Surgeon, attended the Central Clinic for one session each week. The cases were referred to him by the School Medical Officers. Dr. Swallow, the School Medical Officer in charge of the Clinic for the young deaf child and the school for the deaf, attended with Mr. Peasegood. Through arrangements made by the Senior School Medical Officer, Speech Therapists also have the opportunity of discussing cases in which they are interested.

The total number of children seen during the year was 516 (597) and of those 363 (521) were new cases. The children made 705 (828) attendances. The total number of operations performed was 238 (322), 216 (263) being for tonsils and adenoids only. The figures in brackets refer to the numbers for 1959.

In addition, the hospitals have supplied their figures for operations for tonsils and adenoids :—

Royal Hospital..	..	..	..	..	..	..	343
Children’s Hospital	..	..	..	..	..	..	144
Tonsillectomy Unit	..	..	..	..	..	..	933

The following table gives an analysis of the reasons for attendance at the clinic :—

Deafness	..	..	..	..	..	..	60
Otitis media	..	..	..	..	..	..	22
Tonsils and adenoids	..	..	..	..	..	..	205
Tonsils ..	..	..	..	..	..	..	16
Adenoids	..	..	..	..	..	..	32
Polypus ..	..	..	..	..	..	..	3
Other conditions	..	..	..	..	..	..	131
Consultation—no treatment advised at present	..	..					47
							<hr/> 516 <hr/>

AUDIOLOGY

PURE TONE SWEEP AUDIOMETRY—SEPTEMBER, 1959 TO JULY, 1960

School children aged seven to eight years were tested between September, 1959 and July, 1960. 58 children were absent for all tests, and these will be followed up in school next year.

The total number tested was 5,633, and of these 92 (that is 1·6%) failed to reach the standard required.

On clinical examination of the failures by School Nursing Sisters, 34 were found to be suffering from colds or had wax in the ears. After treatment, 31 were retested and 27 had now regained normal hearing. 3 did not attend for retesting. This gave a total of 62 with defective hearing.

All those with the relatively greater loss of hearing are under investigation and treatment, and will be retested at a later date in case of deterioration.

Number who failed 1st Test :—

Number with wax	..	..	..	..	..	24	
Number with colds	..	..	..	..	..	10	
						<u>34</u>	
Number with normal hearing after removal of wax	..					20	
Number with defective hearing after removal of wax	..						3
Number who did not attend for retesting	..	..	..			3	
Number with normal hearing after abatement of cold	..					7	
Number with defective hearing after abatement of cold	..						1
						<u>30</u>	<u>4</u>

Analysis of Pure Tone Audiograms :—

Number with loss under 15 db.	..	..	..	..	..	5
Number with loss of 15—20 db.	..	..	..	..	..	4
Number with loss of +20 db. one ear	..	..	..	..	..	37
Number with loss of +20 db. both ears	..	..	..	..	..	16
						<u>62</u>

Analysis of children who had more than 20 db. loss in both ears :—

Number with 20—30 db. loss..	..	..	..	..	..	11
Number with 30—40 db. loss..	..	..	..	..	..	5
						<u>16</u>

Of these children :—

Referred to Aural Surgeon	..	..	..	4
Referred for Ts and As	..	..	..	2
Awaiting appointments	..	..	..	2

Disposal of 62 children who had Pure Tone Audiograms and Conditions found :—

Number who attended Branch Clinics	..	..	..	..	33
Number who attended G.P.	..	..	..	..	16
Number who attended Hospital	..	..	..	..	13
					<u>62</u>

Conditions found in children who attended Clinics :—

Conductive Deafness :—							
Otitis Media—Acute	..	..	..	..	..	..	8
„ Chronic—Active	..	..	..	..	..	..	7
„ „ Quiescent	..	..	..	..	..	..	9
Eustachian Catarrh	..	..	..	..	..	..	9
							<hr/> 33 <hr/>

A further 83 children, who had been absent from school last year and had not attended by appointment, were tested in school. All these children had normal hearing.

PURE TONE AUDIOMETRIC TESTING

The total number of hearing tests carried out on the pure tone audiometer was 885. 135 came forward through the sweep test, and the analysis appears under that section. 207 were retests of children followed up from previous years. 70 were retests of the present year, and the remaining children were all new cases tested this year—that is 473.

These children were referred as follows :—

School Medical Officers	..	..	..	..	..	315
Aural Surgeon	..	..	..	..	..	38
Speech Therapists	..	..	..	..	..	37
Head Teachers	..	..	..	..	..	48
Maternity and Child Welfare Clinic	..	..	..	..	..	1
Royal Infirmary	..	..	..	..	..	5
Children’s Hospital	..	..	..	..	..	2
Other Authorities	..	..	..	..	..	27
						<hr/> 473 <hr/>

Analysis of Results :—

				Bilateral	Unilateral	
Slight loss—1–20 decibels	..	..	..	51	60	
More than 20 decibels	..	..	..	25	25	
More than 30 decibels	..	..	..	20	19	
More than 40 decibels	..	..	..	7	9	
More than 50 decibels	..	..	..	3	—	
More than 60 decibels	..	..	..	4	—	
				<hr/> 110	+	<hr/> 113 = 223 <hr/>
Children found to have no loss	..	..	..	..	..	250
						<hr/> 473 <hr/>

Some of the above children have attended hospital, general practitioner or other authorities for treatment.

Diagnosis of the 216 children who attended the School Clinics is as follows :—

Eustachian catarrh	..	..	..	..	..	..	132
Otitis media—Acute	..	..	..	..	..	..	6
„ Chronic—Active	..	..	..	..	..	..	26
„ „ Quiescent	..	..	..	..	..	..	40
Perceptive deafness	..	..	..	..	..	..	4
For Retest—no diagnosis	..	..	..	..	..	..	8
							<hr/> 216 <hr/>

Of the above children 137 were seen by the Aural Surgeon, 37 being old cases referred from previous years, and 100 were new cases referred during 1960.

Treatment was advised in the following cases :—

Removal of tonsils and adenoids	..	..	..	..	..	..	26
Removal of adenoids	..	..	..	..	..	..	10
X-ray of sinuses	..	..	..	..	..	..	13
Bilateral antrum wash out	..	..	..	..	..	..	14
Bilateral antrostomy	..	..	..	..	..	..	1
Removal of aural polyp	..	..	..	..	..	..	1
X-ray of mastoids	..	..	..	..	..	..	1
Cauldwell Luc Operation	..	..	..	..	..	..	1
For special educational treatment in school				..	..		2
For lipreading tuition only	..	..	..	..	..	..	2
For lipreading and hearing aids	..	..	..	..	..	..	4
For course of breathing exercises	..	..	..	..	..	..	2
							<hr/> 77 <hr/>

3 of the children who were ordered hearing aids have been recommended for education in a partially deaf unit as soon as possible. 4 children who had attended from previous years were also issued with hearing aids, and were recommended for lip-reading tuition.

SPEECH THERAPY

"An aspersion upon my parts of speech!"

Richard Sheridan, "The Rivals," III, 3.

By Mrs. A. A. Stockdale, L.C.S.T., Senior Speech Therapist :—

ANALYSIS OF WORK CARRIED OUT DURING 1960

Cases open on 1st January, 1960	370
Cases on waiting list 1st January, 1960	19
Cases referred during 1960	177
	<hr/>
	566
	<hr/>
Cases closed during 1960	248
Cases open on 31st December, 1960	281
Cases on waiting list 31st December, 1960	37
	<hr/>
	566
	<hr/>

INTERVIEWS

Treatment interviews with children	5,631
Diagnostic interviews with children	155
Interviews with parents	1,147
Interviews with other members of School Health Service ..	193
Recall interviews after discharge	70
Visits made by Speech Therapists to schools, etc. ..	85

CHILDREN REFERRED TO SPECIALISTS

To Educational Psychologists for mental assessment ..	59
For audiometer test	9
For ear, nose and throat examination	1
For orthodontic examination	4
To Child Guidance Centre for opinion and treatment ..	6
For neurological examination	3
Plastic Surgeon	1

REASON FOR CLOSURE DURING 1960

I. Treatment Cases

	Regular Treatment			Supervision		
	A	B	C	A	B	C
1. Good result	8	4	32	12	1	75
2. Improved as far as nature of defect will allow	—	—	—	6	—	15
3. Left school or district prior to completion of treatment	4	—	—	1	—	5
4. Closed for non-attendance	1	1	17	2	—	4
5. At parents' request	3	—	3	2	—	3
6. Parent unco-operative	1	1	1	—	—	1
7. Patient unco-operative	2	—	—	3	—	1
8. Receiving treatment elsewhere	1	—	2	4	—	6
9. Unsuitable for Speech Therapy	1	—	7	2	—	2

A = Stammer ; B = Stammer + Speech Defect ; C = Speech Defect.

II.	<i>Observation Cases</i>				
	Treatment not indicated after supervision				7
	Treatment not indicated at preliminary interview.. .. .				5
III.	<i>Others</i>				
	Diagnostic interview not kept				2

We were sorry to lose Mrs. Beer in June and unfortunately have not been able to replace her. It was very disappointing to have to discontinue our sessions at the schools for educationally sub-normal children but these will be resumed when the clinic is fully staffed''.

SCHOOL DENTAL SERVICE

" I cleaned my teeth and clambered into bed."

J. Betjeman, " Summoned by Bells."

By Mr. E. Copestake, L.D.S., Principal School Dental Officer.

"The year 1960 has been quite unremarkable. It is over three years since a serious application for appointment was last received from a dentist. Yet during the last three years any number up to 1,200 newly-qualified dentists will have emerged from the universities to practice dentistry. There must be spheres of activity which have attracted them as being less strenuous, more dignified, more mentally satisfying or perhaps more remunerative than the practice of children's dentistry under the protective and friendly wings of the local authority. When professors of dentistry complained that they were not receiving sufficient applications from school leavers to fill the places available for dental students, the McNair Committee was set up to hold an enquiry and make recommendations on the recruitment of students to the profession. As a result, University dental schools are now receiving an embarrassing surplus of applications for entry from prospective students. We might wonder why such a Committee has not been set up on behalf of the School Dental Service.

The number of school dental officers employed remains at six. No satisfactory annual service of dental treatment could be offered by six dentists to 72,000 children, some 7,500 expectant mothers and some 15,000 pre-school children. Those are our commitments. An annual service in itself would not be sufficient. This was recognised by the Ministry of Health when examination and treatment for all under 21 years of age was made available, on paper, from private practitioners every four months. The Ministry of Education still cling to the archaic advice of one examination per year. While school dentists cannot even provide this, parents have learnt to take children elsewhere, at least for emergency treatment. They have lost the advantage attached to their children being examined in school and the need for dental treatment being observed before a state of emergency arises. It is then too late to preserve the teeth.

Local Authorities have been advised by the British Dental Association that it is necessary to appoint one dental officer for each 3,000 children on the school registers. This means 24 dental officers for Sheffield but quite frankly, unless a very successful drive could be made to influence parents to recognise the need and accept regular treatment, unless the treatment for mothers and pre-school children could be developed, and unless the activities of the school dental officer were directed into channels other than that of treatment alone, 24 school dental officers would be an overbearing embarrassment. The pro-

vision of a full staff would however lend itself to the complete development of the service and this is what the British Dental Association would like to see. A progressive service would be the means of attracting young men to children's dentistry and attract them in sufficient numbers to result in competitive conditions of entry.

If it is asked in what ways could the school dental service develop, there is the answer that it should become a public dental health service, having as its object the development and application of methods for preventing as well as treating dental disease. It is now over fifty years since its inception in this country, a considerable time before any sort of comparable service began to develop in the United States, Scandinavian Countries¹ or in New Zealand. It now lags behind the services of each of these countries in the conception of promoting dental health. There is general agreement that a dental service should function in four ways, in the treatment of priority and handicapped classes, in research, in prevention and in dental health education. It must be able to offer a high standard of professional experience, give training in local authority methods and practice, and train the newly qualified entrant in children's dentistry. This latter is very necessary. Professor G. L. Slack has stated that less than 6% of a dental student's time before qualifying is spent on children's dentistry. Assuming that the student has spent four to five academic years in dental school, totalling some 50 months, an average of some 2½ weeks per annum is spent on the theory and practice of children's dentistry. It is not remarkable when this is considered, that the newly qualified dentist is so diffident and unwilling to enter a school dental service to give treatment for which he has received so little training.

The Scandinavian Countries, New Zealand and the United States are proud of the public dental service for children. Are not our children worthy of the provision of good dental health? Cannot our university dental schools learn something of the work which must be done, and create in their students a strong belief that there is a future both in the treatment of children and in the local authority dental service?

INSPECTION AND TREATMENT

Visits were made to 108 (112) school departments and 25,632 (29,526) children were examined. An additional 3,967 (4,242) children were referred by head teachers and others for casual treatment. A considerable number of these latter received complete treatment as well as emergency treatment to relieve pain. Six surgeries are now closed and many schools have not been visited for periods of up to ten years. Provision is made for emergency

(The figures in brackets are those relative to the previous year).

¹ Except Sweden—commenced 1905.

treatment to be given to all children irrespective of the school attended, at one or other of the school clinics. The Central Dental Clinic is responsible for some 40,000 children and it also provides the bulk of the treatment for mothers and pre-school children. The services of the equivalent of $1\frac{1}{2}$ full-time dental officers only can be allocated to this clinic and even a slight acquaintance with dentistry would serve to indicate the extent to which treatment has to be restricted for these 40,000 children.

For those children examined and offered treatment at routine school inspections, treatment by the extraction of teeth only was accepted by 17% (15%) and complete treatment by 34.42% (30%) of the parents concerned. On the assumption that handicapped children in special schools should have priority over others in the matter of whatever treatment is available, they have been favoured and a considerable amount of time has been allocated to their needs. On the whole they present difficulties which make their treatment unprofitable to private practitioners working on piece-time rates, and they often have difficulty in obtaining it. The treatment of these children on the school premises, and the presence of a school dentist having an intimate knowledge of the children's activities in school and who is accepted and made welcome by the school staff, are all essential to overcoming difficulties associated with backwardness, emotional instability, physical and mental abnormalities. At the Arbourthorne North School for Physically Handicapped Children, since routine dental treatment on the school premises was started two years ago, the acceptance rate for treatment has risen from 33% to 68% and then to 89%. Without any doubt whatever there is a solution to the non-acceptance of dental treatment by parents.

That the majority of parents do not seek treatment for children privately, except as an emergency measure, was shown by the survey made of a Sheffield school and reported in 1957. This withdrawal from treatment presents a challenge which cannot be met by staff so inadequate in number as to be pre-occupied with palliative treatment. What has been done on a small scale with children in special schools serves as a demonstration project of what could be done in all schools. Head teachers may make the point that considerable interference with the normal life of a school could result from an intensive dental programme, but head teachers who have experienced it, far from complaining, have taken pleasure in playing their part and have co-operated to such an extent that three special schools have so far returned a 100% acceptance rate for the dental treatment offered. There are opportunities available for young, competent and optimistic dentists who care to join the service ; opportunities to meet the challenge of a situation that still offers possibilities leading to a satisfying career.

Several times this year enquiries have been received from head teachers concerning the routine instructions issued to parents of children attending for the extraction of teeth under a general anæsthetic. The administration of nitrous oxide and oxygen is a very safe procedure in competent hands. Nevertheless, the parent or guardian of the child must know that a general anæsthetic is contemplated and must agree to it in writing on each occasion an anæsthetic is given. The parent or some other adult is required to attend with the child so that confirmation may be obtained that the child has had nothing to eat or drink for a period of at least three hours ; and an adult must be responsible for taking the child back home or to school after the operation. The parent may be asked concerning recent illnesses, or the reasons for visits to hospital departments ; consent to penicillin injections may be obtained and instructions given concerning special after-care if these are required. If a tooth should be broken and roots left, the parent must be told and arrangements made for a subsequent visit for their removal. Parents often complain to head teachers about the necessity for “ no food or drink for three hours before the anæsthetic ”. They do not know that food, if present in the stomach, is invariably vomited during anæsthesia. It causes partial, sometimes complete obstruction to breathing, and this is an immediate and very real danger to the child’s life. A portion of the vomit is invariably sucked into the air passages leading to the lungs and any solid matter there can be expected to result in septic pneumonia, a very grave sequel indeed.

Head teachers find sometimes that it is not possible for a parent or other adult to attend with the child. The dentist should be telephoned in this case for the child can usually be dealt with by other means than giving a general anæsthetic.

It has been said that the volume of treatment given by each dental officer in so far as fillings are concerned is less than it should be. I have no hesitation in remarking on this. Many local authorities like ourselves have been unable to recruit new staff. There was, before the war, a competitive atmosphere surrounding the getting and keeping of an appointment as school dental officer. There is none now. This has had a marked effect and has robbed the service in some areas of much of its vitality. We were told recently in Sheffield, at a lecture given to the dental association by a very well informed and knowledgeable leader of our profession, that the output of treatment of dentists under 30 years of age working in the National Health Service was twice as great as the output of dentists over 50 years of age. The average age of our staff is over 50 years. Apart from this, insufficient time is available for

that work by which we may be judged, for two of every five days of the week are spent by each dental officer on the administration of general anæsthetics and visiting schools for the routine examination of children.

The treatment given for the correction of irregular teeth since the resignation of the part-time orthodontist has been severely restricted. It will be recalled that no applications were received when this post was advertised. A consultant service has been established by the Hospital Board which should prove to be a valuable avenue of treatment. So far as we are concerned, the restricted offer of treatment has resulted in a diminished demand for it. Parents are often unable to recognise the need for treatment but, when they do, it is available and provided if results can be assured.

INCIDENCE OF CARIES

The Chief Medical Officer to the Ministry of Education stated in his report of 1959-60 that " A serious problem is the wide and increasing prevalence of dental disease and the apparent indifference of tens of thousands of children and their parents to the need for routine cleaning of the teeth after meals and the avoidance of snacks between meals ". Surveys done by the school dental service have shown that four times as many 12-year-old children in 1948 had teeth perfectly free from caries, as in 1958. In 1948 the average number of permanent teeth damaged by caries or already extracted in children 12 years old, was 2·9 but in 1958 this had become 5·5. These figures are significant and so too is the niggling little thought at the back of our minds that the 12-year-old boys and girls of 1948 had been quite unable to buy any sweets and biscuits in school either in the morning, noon or afternoon. They had not been able to buy them anywhere else either, except in the limited quantity which the weekly ration allowed.

Some head teachers absolutely forbid the sale of sweets and biscuits in schools. They are to be commended on following a pattern in leadership with which the Ministry of Education and other responsible authorities are in full agreement. It has been observed in schools that the sale of sweets is delegated to pupils and, however useful this is in training them as shop assistants to the confectionery trade, perhaps in their own interests it would be better if they were allowed to spend their play time in the more usual and healthy activities of children. There is no doubt whatever that their companions would benefit too !

The Chief Medical Officer to the Ministry of Health in his report for 1959 stated that " the making good of any deficiency in the natural fluoride content of domestic water supplies should do much to ensure a more resistant tooth ". This would be of more immediate benefit to children at five

years of age, for these children today each have an average number of 5·7 decayed teeth. Children at this age suffer a great loss in not being able to eat food properly just at that time when they enter school and growth is rapid. The extraction of several teeth, even by means of a general anæsthetic is an unpleasant experience which could be avoided. It is most decidedly a severe deterrent to a child in later years accepting dental treatment without fear and reluctance. The introduction of dental treatment to a child through the unfortunate medium of multiple extractions has a profound influence on his or her future attitude to dentists, and is no help whatever to the dentist in providing treatment.

DENTAL HEALTH EDUCATION

The prevention of dental decay cannot be foreseen as an absolute reality. Few people believe that it ever will become possible for man to indulge in interplanetary travel, but this does not prevent scientists from trying the impossible. The prevention of dental decay is not an indulgence and, if the same kind of money were spent on this as on interplanetary projects, there is no doubt that considerable success would be obtained.

Dental health education is an expression of the dentist's belief that prevention is a tremendous possibility. He knows that success will be incomplete and limited by present economic, social and political factors. General education suffers the same handicaps but teachers are not to be put off by that ; nor likely to forget the very high standard eventually reached by many of the boys and girls who pass through their hands.

The Ministry of Education would like dental health education to be a part of each stage of the child's exercises in infant, junior and secondary education. They have expressed their wishes very plainly in Health Education Pamphlet No. 31. It is still evident that the knowledge which children possess concerning the care of teeth is not extensive, but teachers are needed in schools and, while there is a serious shortage of staff, teachers like dentists will discriminate between the immediate and less immediate essentials of what they are expected to do. Dental health education will fall by the way-side. It is possible, also, that the curriculum followed in teachers' training colleges makes little reference to methods of preventing dental disease, and that the newly qualified teacher has received as little training in this as the newly qualified dentist has in children's dentistry.

In the early part of the year a request was received from a girls' secondary school for a dental health education week. This was to be the first ever held in Sheffield.

Mr. A. C. Bloomfield, School Dental Officer, reports on this as follows :—

“Dental education should be commenced in early childhood, for the child is less prejudiced and therefore more receptive than the adult. With this in mind I undertook a series of talks to the boys and girls of Coleridge Road Schools in an attempt to overcome some of the resistance shown by parents and children towards dental treatment. Very considerable help was afforded by a comprehensive display of posters, diagrams, instruments and models and films for the girls.

Each class in the school received talks from the Principal School Dental Officer and myself, each lasting one hour, though part of this time was taken up with the answering of questions. Practical demonstrations were given of drilling teeth set in plaster bases, the use of tooth brushes and the cleansing action of apples eaten after eating biscuits. The whole of the girls' school was plastered with posters and the hall was used to accommodate an extensive display of material from the Sheffield Museum and the dental service. The school performed an amusing dental play, contrasting dentistry as it was with the dentistry we have today. Each part of the programme was arranged for by the school to go like clockwork and so it did.

I began my talks with a reference to the five year training of the dentist and its close approximation to that of the doctor. After discussing the training of the dentist, the reasons for having teeth filled for æsthetic reasons, mastication and articulation were given. This brought us to the use of local anæsthetics to prevent pain and allay the fear of pain, with the assurance that if at any time the child wishes to dispense with the injection, he may do so. Parents' fear of their children being hurt appears to be a major cause of refusal to have fillings.

Orthodontics was mentioned with reference to æsthetic appearance and function. The need for early treatment and fillings to prevent loss of teeth was stressed. New patients were invited to observe other children undergoing fillings, to see that there was nothing to fear.

Grateful thanks are extended to Mr. and Mrs. Stribley for the opportunity of addressing their respective schools, to the staff of the schools for their assistance and the children for their interest and co-operation.”

An independent report from an inspector of schools states: “I have no doubt that a much better understanding and relationship exists between the present pupils and their local dentist, and that the girls are much more impressed by the need for dental care than they were before. They were enthusiastic ; they liked the films and exhibits, they felt they had gained a more technical and intimate knowledge than was e.g., provided on television

adverts for toothpaste, they were impressed by the length and thoroughness of the dentist's own training and they enjoyed trying the drill. My impression is that the dental week was a great success and well worth while, particularly in this district."

SUMMARY OF WORK DONE IN THE DENTAL LABORATORY, being dentures and appliances provided for school children, expectant and nursing mothers.

Dentures			Removable Appliances	Fixed Appliances	Study Models	Fused Porcelain Crowns	Gold Inlays
Full	Partial	Repairs					
79	131	15	53	22	39	8	18
(81)	(115)	(17)	(65)	(36)	(40)		

IN CONCLUSION

Since 1939 many changes have taken place in the school dental service. Dental officers have been made responsible for the work of their own department. The equipment used then is not to be recognised in that used today. Post graduate courses, X-ray diagnosis, orthodontic treatment, laboratory and technical staff, the treatment of mothers and children and other classes in the care of the local authority have provided extensions to our pre-war routine of treatment. The school dental officer today enjoys many advantages which in 1939 were not to be dreamed of, yet staff cannot be obtained. However much the local authority would wish to help further development to take place, this must wait until newly-qualified dentists can visualise in local authority service the future which lies before them if they will but grasp its hand and help it along the road."

ORTHOPAEDIC AND POSTURAL DEFECTS

“ *What’s bred in bone . . .* .”—Proverb.

ORTHOPAEDIC CLINICS

The orthopaedic clinics followed the usual pattern, the greatest number of children having minor defects. 203 children were seen and only 4 of these had a defect of such a degree that transference to hospital was found necessary.

A summary of the cases is given below :—

Conditions									Number of cases attended
Pes cavus	..	..	..	..	..	..	..	..	12
Pes planus	..	..	..	..	..	..	..	..	53
Pes valgus	..	..	..	..	..	..	..	..	8
Genu varum	..	..	..	..	..	..	..	..	3
Genu valgum	..	..	..	..	..	..	..	..	31
Congenital deformities :—									
Claw toe	..	..	..	..	..	..	..	..	3
Torticollis	..	..	..	..	..	..	..	..	2
Scoliosis	..	..	..	..	..	..	..	..	4
Hallux rigidus	..	..	..	..	..	..	..	..	7
Hallux valgus	..	..	..	..	..	..	..	..	18
Overlapping toes	..	..	..	..	..	..	..	..	2
Foot strain	..	..	..	..	..	..	..	..	3
Exostosis metatarsalis	..	..	..	..	..	..	..	..	2
Schlatter’s disease	..	..	..	..	..	..	..	..	3
Hemiplegia	..	..	..	..	..	..	..	..	1
Others	..	..	..	..	..	..	..	..	50
Nil abnormal found	..	..	..	..	..	..	..	..	1
CASES									203
ATTENDANCES									213
Number of new cases	..	..	..	..	..	..	..	..	104
Number of old cases	..	..	..	..	..	..	..	..	99
Number of cases discharged	..	..	..	..	..	..	..	..	61
Number of cases transferred to hospital	..	..	..	..	..	..	..	..	4
Number of operations advised	..	..	..	..	..	..	..	..	1
Number of operations performed	..	..	..	..	..	..	..	..	1
Number of new appliances ordered	..	..	..	..	..	..	..	..	115
Number of repairs to appliances	..	..	..	..	..	..	..	..	10
Number of cases receiving treatment	..	..	..	..	..	..	..	..	81
Number of cases under observation	..	..	..	..	..	..	..	..	122

KING EDWARD VII ORTHOPÆDIC HOSPITAL AND ORTHOPÆDIC CLINIC

Dr. Herzog has supplied the information on which the following is based :—

HOSPITAL :—							
<i>In-patients.</i>						1959	1960
Number of school children treated for non-tubercular conditions						72	91
Number of school children treated for tuberculosis of bones and joints						6	2
<i>Out-patients.</i>							
Number of attendances made						930	489
CLINICS :—							
New cases of school children who attended this year ..						—	—
Number of attendances made						199	165

CHIROPODY CLINIC

This clinic continues to be well attended. 965 new and 34 old cases were treated during the year, involving 2,055 attendances. At the end of the year 32 children were still in attendance.

HEART DISEASES AND RHEUMATISM

“ Let not your heart be troubled.”—John XIV, i.

Dr. J. Lorber, Reader in Child Health, reports :—

“ Heart Clinics were held at the main Leopold Street Building of the School Clinic approximately 2—3 times a month, according to demand of cases. The types of patient were very similar to those seen in earlier years. The majority were only suspected cases of heart disease who fortunately turned out to have only functional murmurs or physiological variants of the normal. No new cases of active rheumatic fever were seen, although there were four new cases of rheumatic chorea, without heart affection.”

Condition	New cases	Old cases	Attendances
1. NO RHEUMATISM OR HEART DISEASE			
(a) Functional murmurs.. ..	15	9	25
(b) Physiological arrhythmias	1	1	2
(c) No cardiac signs	7	3	10
2. RHEUMATIC FEVER.			
(a) Active { with without } heart affection {	— —	1 —	4 —
(b) Inactive { with without } heart affection {	4 4	7 5	11 14
3. RHEUMATIC CHOREA.			
Active { with without } heart affection .. {	— 4	3 2	4 8
4. CONGENITAL HEART DISEASE.			
Cyanotic { operated not operated	— —	2 3	2 5
non-Cyanotic { operated not operated	1 3	2 16	4 26
TOTALS	39	54	115

CHEST CLINIC

“ You must look into people, as well as at them.”

—Lord Chesterfield (1746).

Dr. H. Midgley Turner, Senior Consultant Chest Physician, reports :—

“ At the Chest Clinic the campaign to prevent and discover tuberculosis in school children continues in close co-operation with the School Health Service.

Contacts of known cases or suspected cases of tuberculosis are seen on Friday mornings. Tuberculin testing is done with the Heaf Multiple Puncture apparatus. Negative reactors are given B.C.G. if the parent's consent is obtained, and positive reactors are X-rayed and kept under supervision if necessary.

All children who prove to be positive on routine tuberculin testing at school are X-rayed at the Chest Clinic on Wednesday and Friday mornings. If any abnormality is seen on the film, the child is recalled for clinical examination.

Brothers and sisters of tuberculin positive school children are tuberculin tested on Wednesday mornings. If they are also found to be tuberculin positive, a vigorous search is conducted to find the source of infection, which is likely to be amongst the immediate circle of relatives, friends or neighbours. This is a valuable way of discovering previously unknown cases of tuberculosis.

On Wednesday afternoons, children are seen who are under supervision for treatment for primary tuberculosis. Children suffering from bronchitis, bronchiectasis, etc., are also seen at this Clinic.

During the year, 3,207 attendances were made by school children at the Chest Clinic, exclusive of new cases. These were made up of 113 attendances of notified cases of tuberculosis and 3,094 attendances of children for observation.

NEW CASES

The number of new cases of school children examined at the Chest Clinic was as follows :—Notified cases of tuberculosis of the lungs 5, contacts 2,556 and suspicious cases 242. Of the latter, 49 were sent by School Medical Officers.

In connection with the examination of school children, 2,857 X-ray films were taken.

During the year, 8 suspicious cases were admitted into sanatorium for observation and treatment. 105 Mantoux tests and 3,321 multiple punctures were carried out at the Chest Clinic, mainly on contact children.

The number of notifications of tuberculosis in school children received was :—

Pulmonary				Non-Pulmonary			
Males	..	..	2	Males	..	..	—
Females		..	2	Females	..	..	1

Three children were found to have tubercle bacilli in the sputum or pleural fluid.

The scheme for B.C.G. vaccination of child contacts of cases of tuberculosis has been continued. During 1960, 333 school children were given B.C.G. vaccination.

On the 31st December, 1960, there were 128 notified school children and 3,767 suspect school children on the Clinic Register.”

PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

“ Dangers foreseen are the sooner prevented.”
Richard Franck, “ Northern Memoirs,” (1658).

By Dr. M. E. Jepson, School Medical Officer :—

“ B.C.G. VACCINATION OF SCHOOL CHILDREN

During 1960, the scheme for the B.C.G. vaccination of 13-year-old school children was resumed.

Number of eligible children	..	..	..	..	11,268
Consent received	..	..	..	..	9,977
% Consent rate	..	..	..	..	88·5%
Absent	..	..	..	..	822
Already had B.C.G.	..	..	..	..	485
Number skin tested excluding those who have previously had B.C.G.	..	..	..	..	8,670
Positive reactors	..	..	..	..	1,716
% Positive	..	..	..	..	19·8%
Negative reactors	..	..	..	..	6,954
% Negative	..	..	..	..	80·2%
Number vaccinated	..	..	..	..	6,915

COMMENTS

1. The number of children tested during the year was larger than usual due to the fact that most of the 1959 programme had been deferred until 1960, to avoid coinciding with third injections against poliomyelitis.

2. The consent rate of 88·5% remains satisfactorily high.

3. There was an absentee rate of 8·2%. About a quarter of the absentees represent a hard core of children, due to be vaccinated during the spring term 1960, who failed to attend at least four special defaulter sessions held during the summer. The remaining three quarters are those who were away during the autumn term vaccination sessions, and for these children, special sessions are being arranged during February, 1961.

4. The positive reactor rate amongst children who had not previously received B.C.G. vaccination remains more or less steady.

Year	1956	1957	1958	1959	1960
Rate %	23·8	18·3	19·3	no testing	19·8

When children who have already been vaccinated are included amongst the positive reactors, the rate for 1960 rises to 24·0%.

5. 39 negative reactors were not vaccinated owing to poliomyelitis immunisation being in progress.

X-RAY OF POSITIVE REACTORS

All positive reactors are given appointments to attend for a chest X-ray at the Chest Clinic.

1,691 children attended for X-ray ; these included 1,563 who were skin tested for the first time (91·1% of the total 1,716), 89 who had previously had B.C.G. and 39 children, whose parents, though not accepting skin testing, had requested a chest X-ray. Of the 153 who did not attend, no appointments were made for 23, who had either been recently X-rayed or were already under regular supervision at the Chest Clinic.

The results of the X-rays were as follows :—

Normal chest	.. .. .	1,461
Evidence of past tuberculous lesion, now healed	..	181
Active tuberculosis	.. .. .	2
Indefinite findings, children to be kept under supervision		38
Miscellaneous conditions, <i>e.g.</i> , bronchiectasis, congenital heart lesion	.. .. .	9
		<hr/>
		1,691''
		<hr/>

CHILD GUIDANCE SERVICE

“ Few parents nowadays pay any regard to what their children say to them.”
Oscar Wilde, “ The Importance of being Earnest.”

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge, Child Guidance Centre :—

“ The last annual report recorded a thirty-four per cent. increase in the number of children referred over the average of the previous ten years. This report records a further increase to sixty-six per cent. above the same ten year average.

The actual number of children referred was 579. Sixty-nine per cent. of these children were referred by head teachers, which is the highest proportion since the centre was opened. Yet there was no diminution of the number of children referred from other sources. It does not therefore appear that the schools are referring children who might have been referred in other ways, but that they are more alive to the service available.

The number of children waiting for treatment at the end of the year was sixty-one, the lowest figure for fourteen years. It is hoped, with the additional staff already appointed and the part-time psychiatrist appointed to commence in April, 1961, that this figure will shortly show a further marked decrease.

Reference to the need for remedial reading classes was made rather fully in the 1959 Report. Twelve classes have now been established in six schools, and preparatory work for four groups in two more schools was in hand at the end of the year.

The branch centres at Handsworth and Hillsborough continued throughout the year. Excellent permanent premises for the Hillsborough Centre were in course of construction during the year and should be occupied early in 1961.

Mr. D. Lawrence, B.A., joined the staff during the year as assistant educational psychologist.

Help was given to, and received from, other departments ; the help received from the Education Welfare, Children’s and Probation Departments, particularly, is gratefully acknowledged.

Number of cases registered during 1960 :—

Girls	208	
Boys	371	
	<hr/>	579
Educationally subnormal investigation	15	
	<hr/>	
TOTAL		594
		<hr/>

Analysis of cases dealt with :—

Cases closed 1960	455	
E.S.N. cases closed	36	
	<hr/>	491
Cases open 31st December, 1960	410	
E.S.N. cases open	257	
	<hr/>	667
Cases on waiting list 31st December, 1960	17	
	<hr/>	

Reasons for closing cases in 1960 :—

Did not attend at all	23	
Consultation only	298	
Consultation only (E.S.N cases)	36	
	<hr/>	334
After supervision	72	
Treatment-cases :—		
Further attendance impossible	5	
Patient unco-operative	15	
Treatment completed	42	
	<hr/>	491
	<hr/>	

Analysis of cases open 31st December, 1960 :—

Under treatment	57	
Under supervision	270	
Under supervision (E.S.N. cases)	257	
	<hr/>	527
Under investigation.. .. .	22	
Awaiting treatment (investigation complete)	61	
	<hr/>	667
	<hr/>	

Reasons for reference of all cases

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	E.S.N. investigation	Total
Number of children ..	25	61	105	388	15	594

Nervous disorders comprise such conditions as fears, shyness, depressions, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

Sources of reference

	Head teachers	Parents	School Medical Officer	Speech Therapists	Juvenile Court	Private doctors	Hospital	Others	Total
Number of children ..	399	25	54	60	19	11	19	7	594

Age range on reference (excluding E.S.N. children)

Age	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Number of children	1	1	10	46	62	152	102	62	36	30	25	20	16	6	10	579

Intelligence quotient range of all cases closed during the year (excluding E.S.N. cases)

	70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
Number of children	25	55	91	90	72	52	30	15	25	455''

SCHOOL NURSING SERVICE

“ The Nurse’s tongue is privileged to talk.”—Russian Proverb.

By Miss E. Dent, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister.

“ During the year, two more health visitors have joined the staff on a part-time basis, replacing one full-time school nursing sister ; making a total of nine health visitors working part-time in the School Health Service.

Three school nursing sisters have left to undergo further training—one of these to do midwifery, and two to take the health visitor training. Other changes in staff were as follows—one sister left for domestic reasons, and Miss R. V. Sweeney, a nursing assistant with 17 years service, died after a long illness.

The work of the School Nursing Staff has followed a similar pattern to that of last year, and the congenial relationship with Miss Littlewood, Superintendent Health Visitor, has continued throughout. The true value of the work of the staff cannot be shown in statistics alone, as a fair amount of time is spent in giving help, advice and encouragement to children and parents in the clinics, and during home visits.

CLEANLINESS SURVEY

The following figures give the results of the hygiene examinations carried out by the School Nursing Staff :—

(i) Number of pupils examined :—

Boys	..	..	..	..	29,739	
Girls	..	..	..	..	27,712	
						57,451

(ii) Number of pupils found to be in an unclean or verminous condition:—

Boys	..	..	..	..	678	(2·3%)	
Girls	..	..	..	..	1,737	(6·3%)	
							2,415 (4·2%)

(iii) Number of pupils found to have unsatisfactory clothing :—

Boys	..	..	..	..	17	(0·06%)	
Girls	..	..	..	..	4	(0·01%)	
							21 (0·04%)

(iv) Number of pupils found to have unsatisfactory footwear :—

Boys	..	..	..	..	17	(0·06%)	
Girls	..	..	..	..	9	(0·03%)	
							26 (0·05%)

(v) Number of heads cleansed :—

Boys	..	..	..	..	425	
Girls	..	..	..	..	820	
						1,245

It should also be pointed out that it was found necessary in the worst cases of uncleanness to send special cards of instructions to the parents of 610 boys (2·5%) and 1,793 girls (6·5%), following them up by second notices found necessary in respect of 131 boys and 311 girls, and third notices in respect of 24 boys and 83 girls.

The present standard of hygiene, including the problem of verminous infestation, is maintained in many cases through the constant efforts of the staff. There is considerable variation in standards of hygiene, clothing and footwear from school to school. Where the lower standard exists, it is usually found that the parents are apathetic or of low intelligence ; and only rarely is it due to insufficient financial income alone.

SPECIAL SCHOOLS

The sisters have continued to pay regular visits to these schools to supervise the health of the children and to carry out treatment. Simple physiotherapy has been done in the schools for delicate children, and in the schools for educationally sub-normal children, a number of social problems have had to be solved.

CO-OPERATION WITH HOSPITALS AND OTHER SOCIAL WORKERS

The Chief School Nursing Sister attended meetings of the Care of Children Co-ordinating Committee and the Family Service Unit. Meetings with the Social Workers in the Public Health Department who deal with problem families have also taken place.

A school nursing sister has visited the City General Hospital each week to exchange information with the Almoner ; and where necessary home visits have been carried out as a result of these discussions.

HEALTH EDUCATION

One school nursing sister has continued to serve as Health Tutor at the Kenwood Nursery Training Centre and attends four sessions per week for this purpose. Where the head teachers have requested it, baby bathing demonstrations and talks on hygiene have been given to the senior girls in secondary modern schools. Groups of Student Nurses and District Nurse Trainees have visited the Central School Clinic to observe the work of the department.

One school nursing sister attended a Refresher Course on “ Modern Methods in Teaching ”.

SUMMARY OF WORK

IN THE SCHOOLS—

Attendance daily with the Medical Officers at Periodic Health Inspection.						
Examination of children under cleanliness scheme—Boys ..						
						71,725
Girls ..						
						75,573
						147,298
Examination of children for “ following up ”						
						1,509
Examination of children for investigation of outbreak of infectious diseases						
						1,163
Examination of children for other purposes						
						6,988
Attendances for breathing exercises						
						4,918
Weighing and Measuring						
						64,140
Number of visions tested						
						18,594
						244,610
Number referred to clinics						
						3,188
Number of visits to schools						
						12,896

IN THE CLINICS—

	EYE TREATMENT		EAR TREATMENT		MINOR DRESSINGS	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Attercliffe ..	110	258	292	1,967	2,078	5,668
Central ..	56	143	146	658	489	1,699
Greenhill ..	53	89	77	267	207	853
Handsworth ..	20	32	55	229	354	990
Heeley ..	53	109	121	385	552	2,155
Hillsborough ..	116	208	134	964	1,145	2,330
Manor ..	67	186	230	1,341	1,771	7,393
Nursery Schools	46	106	32	99	1,553	2,861
Pitsmoor ..	150	351	310	897	883	2,288
Shiregreen ..	100	360	113	556	651	1,863
Southey Green	36	57	47	172	418	727
Special Schools	192	2,122	281	1,657	3,973	10,546
Wisewood ..	50	165	59	348	473	1,770
Wybourn ..	108	223	82	514	2,008	4,654
TOTALS ..	1,157	4,409	1,979	10,054	16,555	45,797

IN THE HOMES—

Visits for “ following up ”						
						778
,, neglect, uncleanness, etc.						
						286
,, various purposes						
						776
						1,840

INFECTIOUS DISEASES

“ Ring out old shapes of foul disease.”—Alfred Tennyson, “ In Memoriam.”

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown below. These numbers are not complete, but are sufficiently indicative of the trend of infection. Those applying to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL	
					1960	1959
Measles	17	15	77	116	225	823
German Measles	39	29	42	33	143	255
Whooping Cough	67	124	79	44	314	56
Chicken Pox . .	1,119	834	254	457	2,664	2,168
Mumps	97	121	134	796	1,148	591
Scarlet Fever . .	66	33	27	45	171	324
Meningitis . .	1	—	16	4	21	15
Dysentery . .	146	177	19	313	655	64

DIPHTHERIA

None occurred for the eleventh successive year but it is useful to recollect that in 1938 there were as many as 824 cases in the City.

POLIOMYELITIS

There was only one confirmed case of poliomyelitis during the year 1960—a girl aged 13 years, who was notified and confirmed as “ poliomyelitis, paralysis left arm ”.

“ *Variety’s the very spice of life.*”—William Cooper, “ The Task.”

General

The forms of immunisation offered to school children between the ages of 5 and 15 years are the Diphtheria reinforcing dose soon after entering school, B.C.G. at 13 years of age (this is carried out by a special team from the Public Health Service, and is the subject of a separate report) and Polio-myelitis at all ages.

As an increasing number of school entrants have been immunised against Tetanus in addition to Diphtheria it was decided to offer this reinforcing injection at the same time, and to make available the full course of Tetanus immunisation to all others.

As part of a general campaign it had been the policy to invite parents to bring the younger children of the family to the school clinics for primary immunisation against Diphtheria but, in order to co-ordinate with the accepted immunisation programme of the Public Health Service, it was decided to offer the Triple Vaccine (against Diphtheria, Whooping Cough and Tetanus) to these children of pre-school age.

Diphtheria Immunisation

Again there were no confirmed cases of Diphtheria. This probably tends to give some parents a sense of false security, and every effort is made to encourage these parents to take advantage of the facilities for immunisation which are available.

Publicity of two deaths from Diphtheria in adjacent counties during the latter part of the year resulted in a number of applications for primary immunisation and reinforcing injections, particularly in older children who had missed this at school entry. It was considered that the Schick Test for immunity be performed in the older children to avoid the unnecessary administration of Diphtheria vaccine.

IMMUNISATIONS BY THE SCHOOL HEALTH SERVICE

<i>Type of Immunisation :</i>							<i>Number</i>
Diphtheria	..	..	..	..	..	..	889
Diphtheria/Whooping Cough/Tetanus	..	..	..	..	..	..	163
Diphtheria/Whooping Cough	..	..	..	..	..	..	12
Diphtheria/Tetanus	..	..	..	..	..	..	10
Whooping Cough	..	..	..	..	..	..	3
Tetanus	..	..	..	..	..	..	26
TOTAL							1,103
Reinforcing Doses	..	..	..	..	..	..	2,497
Schick Tests	..	..	..	..	..	..	219

Poliomyelitis Vaccination

This was first introduced in 1956, and made available to children of school age late in 1957. In the autumn of 1959 special sessions were held at various school clinics to give the school children the third or reinforcing injection, but the response was not entirely satisfactory, and letters were sent out during 1960 giving appointments on Saturday mornings at the open sessions at Orchard Place Maternity and Child Welfare Centre.

A special campaign to deal with overdue third injections in respect of several thousand younger children would have come to a halt during repairs to the Maternity and Child Welfare Centre, but for the provision of accommodation and assistance at the Central Clinic at Leopold Street.

Later in the year a small experimental scheme to try and bring forward some of the 15 to 26 year age group was organised. Four evening schools were visited, essentially to commence primary immunisations, but also to give the third injection to those who wished it.

The School Health Service provided all the nursing staff for this scheme.

POLIOMYELITIS VACCINATIONS

Completed 2 injections	..	..	..	..	..	1,192
Completed 3 injections	..	..	..	..	..	10,905
Number at Evening Schools	..	..	..	..	..	334

Smallpox Vaccination

Vaccination is available at the Maternity and Child Welfare Centres, and very few children of school age make application for vaccination, as this is offered in early infancy. During the year, only 103 children aged 5 to 15 years were vaccinated against Smallpox, but some 50% of school entrants had been vaccinated previously.

HANDICAPPED PUPILS

*“ Do not complain that the rose bush hath thorns :
rejoice that the thorn bush hath roses.”—Arabic Proverb.*

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953, as requiring special educational treatment :—

		Accommodation for
BLIND PUPILS	Sheffield School for Blind Children	60 pupils
PARTIALLY SIGHTED PUPILS	Bents Green School ..	30 pupils
DEAF (GRADE III) AND PARTIALLY DEAF (GRADE IIB) PUPILS	Maud Maxfield School .. (Day and Residential)	120 pupils
PARTIALLY DEAF (GRADE IIA) PUPILS	Weekly classes in lip reading at Maud Maxfield School	30 pupils
DELICATE PUPILS	Bents Green Residential School	40 pupils—girls
	Whiteley Wood, Bents Green and Springvale House Schools	384 pupils
PHYSICALLY HANDICAPPED PUPILS	Arbourthorne North and Mayfield Schools ..	120 pupils
EDUCATIONALLY SUB-NORMAL PUPILS	East Hill School	45 pupils—infant and junior boys and girls
		100 pupils—junior boys
		120 pupils—senior boys
	Handsworth School ..	100 pupils—junior girls
	Highfield School	120 pupils—senior girls
	Wadsley Bridge School ..	120 pupils—senior boys
		100 pupils—junior boys

SHEFFIELD SCHOOL FOR BLIND CHILDREN

An analysis of the defects of the pupils in the School at the end of the year follows :—

Abiotrophy of retina	1
Buphthalmos	4
Choroido-retinal dystrophy	1
Congenital cataracts	9
Congenital nystagmus	2
Corneal dystrophy	1
Cranio-facial dysostosis	1
Glioma retinae (results of)	2
Irido cyclitis	1
Lymphatic ophthalmia	1
Microphthalmos	3
Optic atrophy	8
Pseudo-glioma	1
Retino-blastoma	1
Retrolental fibroplasia	26
Sympathetic ophthalmia	2
	—
	62
	=

BENTS GREEN SCHOOL (PARTIALLY SIGHTED CLASSES)

An analysis of the defects of pupils in the School at the end of the year follows :—

Albinism	3
Aniridia	1
Coloboma of discs	1
Congenital cataracts	7
Congenital dislocation lenses	1
Congenital nystagmus	6
Microphthalmos	1
Optic atrophy	2
Retrolental fibroplasia	3
	<hr/>
	25
	<hr/>

SCHOOLS FOR THE PHYSICALLY HANDICAPPED—MAYFIELD AND ARBOURTHORNE NORTH

The work of these schools continues as before. The more severe cases go to Mayfield, where a Child Care Assistant is on the staff. Mrs. Tooze visits both schools twice weekly for remedial exercises. Transport is provided between home and school where necessary ; otherwise, by special bus to and from the centre of the City.

Dr. Hill, School Medical Officer for the School, reports :—

“ The Arbourthorne Physically Handicapped School follows much the same pattern as previously. It appears that the number of children suffering from cerebral palsy has increased last year from 17 to 24. The number of cases of post-poliomyelitis and post T.B. hip and spine have decreased ; we have now no children with rheumatic heart disease. In some cases, these children are handicapped by having double, or worse still, multiple defects. The staff here work under difficult conditions, as the building is not really suitable for physically handicapped children. However we realise that this will be remedied when the new school for spastics is completed.”

An analysis of the defects of the pupils in the schools at the end of the year is as follows :—

ARBOURTHORNE NORTH SCHOOL							
Condition							
							Number of cases
Cerebral palsy .. .. .	..	..	..	..	..	..	24
Post poliomyelitis .. .. .	..	..	..	..	..	..	7
Congenital heart disease .. .. .	..	..	..	..	..	..	2
Post burn scarring .. .. .	..	..	..	..	..	..	1
Scoliosis .. .. .	..	..	..	..	..	..	1
Rheumatoid arthritis .. .. .	..	..	..	..	..	..	1
Petit mal .. .. .	..	..	..	..	..	..	1
Brain cyst .. .. .	..	..	..	..	..	..	1
Hydrocephalus .. .. .	..	..	..	..	..	..	1
Artificial anus .. .. .	..	..	..	..	..	..	1
Right leg amputation .. .. .	..	..	..	..	..	..	1
T.B. hip .. .. .	..	..	..	..	..	..	1
Kernicterus .. .. .	..	..	..	..	..	..	1
Microcephaly .. .. .	..	..	..	..	..	..	1
Achondroplasia .. .. .	..	..	..	..	..	..	1
Cerebral palsy and congenital cataract .. .. .	..	..	..	..	..	..	1

MAYFIELD SCHOOL

Condition							Number of cases
Cerebral palsy	..	..	..	..	..	..	18
Post poliomyelitis	..	..	..	..	..	..	10
Congenital heart disease	..	..	..	..	..	..	5
Muscular dystrophy	..	..	..	..	..	..	4
Hydrocephalus (one with secondary spastic diplegia)							4
Congenital dislocated hips	..	..	..	..	..	..	6
Spina bifida	..	..	..	..	..	..	3
Epilepsy	..	..	..	..	..	..	2
Meningocele	..	..	..	..	..	..	1
Scoliosis	..	..	..	..	..	..	1
T.B. spine	..	..	..	..	..	..	1
Congenital deformities	..	..	..	..	..	..	1
Right leg amputation	..	..	..	..	..	..	1

SCHOOLS FOR DELICATE CHILDREN

The three schools, Bents Green, Whiteley Wood and Springvale House, continue to function as before, the school medical officer, school nursing sister and staff of each school working together closely as a team. Miss Wolstenholme retired from Bents Green after a long association with the school, being appointed head teacher in 1943. Miss Harbron, after a similar association with the school, retired from Whiteley Wood after being appointed head mistress in 1928. They will both be remembered with affection, and our best wishes go to them both for a long and happy retirement.

A new problem has arisen in the case of two or three children who panicked when transferred from a small old school to one of the new modern ones. When all efforts to try and induce them to go to the new school had failed, they settled down happily in the open air school.

BENTS GREEN SCHOOL FOR THE PARTIALLY SIGHTED

An analysis of the defects of the pupils in the School at the end of the year is given elsewhere. Close contact is kept between the medical and teaching staff, and the Ophthalmologist, Mr. M. Ferguson, visits the School each term.

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below :—

RESULTS OF EXAMINATIONS.

Recommended for admission to a day special school for the educationally sub-normal	..	..	..	..	..	..	103
Recommended for admission to a residential special school for the educationally sub-normal	..	..	..	..	..	..	3

Recommended for education in an ordinary school with special educational treatment.. .. .	63
Recommended for admission to a special school for the physically handicapped	1
Found to be educationally subnormal—Child now in a private school	1
Found to be educationally sub-normal, but for further consideration as to disposal	13
Examined but decision deferred as to educational sub-normality ..	12
Referred to the Child Guidance Centre for investigation	7
No disability of mind	16
Found to be ineducable and recommended for report to the Local Health Authority—Section 57(3)	55

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL.

Left on attaining the leaving age	67	
Removed at an earlier age as incapable of receiving further benefit ..	15	
TOTAL NUMBER REPORTED TO LOCAL HEALTH AUTHORITY (MENTAL HEALTH COMMITTEE).		
	<i>Boys</i>	<i>Girls</i>
Children incapable of receiving benefit or further benefit from instruction in school	28	9
Educationally sub-normal children reported on attaining the school leaving age*	27	4
REPORTED TO THE VOLUNTARY ASSOCIATION FOR MENTAL WELFARE ON LEAVING SCHOOL		
	10	9
LEAVERS AFTER 1-11-60	9	8

FOLLOW-UP OF CHILDREN WHO LEFT THE SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL IN 1957

The Sheffield Voluntary Association for Mental Welfare undertook the supervision of those children who left the schools for the educationally sub-normal and who were not reported to the Local Health Authority.

Since the transfer of the After-Care Officer to the Public Health Department in April, 1960, the Voluntary Association has been unable to continue to supervise these children. As the Association can no longer carry out its original aims, the Executive Committee has reluctantly decided to disband in the near future.

* Under provisions of the Mental Health Act, 1959, which came into force on 1st November, 1960, such children are no longer formally reported.

The following summary is the follow-up of the 1957 leavers up to the 31st March, 1960 :—

Of the 10 boys who left school three years ago, 7 have remained in their first jobs. 2 others settled in second jobs. One of these boys was very happy with his firm, but had to leave when the staff was reduced owing to shortage of work. However, he has since found similar work with another firm. The remaining boy, who has a very unsettled home life, has had several changes of employment but is working at the present time.

Of the 7 girl leavers, 2 stayed in their first jobs, 3 of the others changed their work—2 for health reasons and one to go to a better paid position. Another girl who left her original job in order to work with her sister had to make a further change because the work affected her health. She eventually settled in a more suitable job. The remaining girl, always seeking higher wages, has had several changes of employment. The home conditions in this case are very unsatisfactory.

AFTER-CARE

With the exception of one girl who has remained at home for health reasons, the handicapped children who left the Special Schools during the early part of the year were placed in a wide variety of jobs.

Most of their parents appreciated the help and advice offered to them by the Youth Employment Officers. Few difficulties are encountered where the Officers' guidance has been accepted.

During the first three months of the year, 85 visits were made by the After-Care Officer to the homes of young people under 21 years of age. Of these visits 30 were made to former pupils of the schools for educationally sub-normal children, 53 to former pupils of the open-air schools and 2 to former pupils of schools for physically handicapped children. No further visits have been made since the 31st March, 1960.

On the 1st April, the responsibility for the after-care of these children was transferred from the School Health Service to the Public Health Department.

DIABETES

12 pupils with this condition are under one or other of the hospital diabetic clinics, but are fortunately fit to attend an ordinary school.

CEREBRAL PALSY

There is a total of 100 children with this condition known to us in the City. It will be seen from the following table, giving their disposition, that the majority of those of school age are fit to attend some form of day school.

It is the residue, who are very severely handicapped, who constitute the real problem :—

Total number of children	..	..	..	..	..	..	100
Less those found to be ineducable	..	..	..	..	..	..	23
							<hr/> 77
Less those under statutory school age	..	..	..	..	..	..	2
Number requiring education	..	..	..	..	..	..	<hr/>75
							<hr/>
Disposal of the educable children :							
At ordinary schools	..	..	..	..	..	..	20
In day special schools for :—							
Physically handicapped	..	..	..	..	..	..	32
Educationally sub-normal	..	..	..	..	..	..	8
Deaf	..	..	..	..	..	..	3
Partially-sighted	..	..	..	..	..	..	1
							<hr/> 44
In residential special schools	..	..	..	..	..	..	9
Receiving home tuition	..	..	..	..	..	..	2
							<hr/> 75
							<hr/>

HOME TUITION

The recommendation for home tuition for handicapped children comes from the school medical officers who thereafter re-examine the children at intervals, reviewing the necessity for its continuance. All children are linked up with one or other of the two special schools for the physically handicapped, the visiting teachers working under the supervision of the head teachers of those schools.

The analysis of the defects of the 10 children receiving tuition at the end of the year is as follows :—

Bronchiectasis	..	..	..	..	..	..	1
Poliomyelitis—paralytic	..	..	..	..	..	..	2
Cerebral palsy	..	..	..	..	..	..	2
Ectopic bladder	..	..	..	..	..	..	1
Muscular dystrophy	..	..	..	..	..	..	1
Hydrocephalus	..	..	..	..	..	..	1
Asthma	..	..	..	..	..	..	1
Osteomyelitis of right tibia	..	..	..	..	..	..	1

PARTICULARS OF CHILDREN WHO WERE MAINTAINED IN RESIDENTIAL
SPECIAL SCHOOLS AND HOMES OUTSIDE THE SHEFFIELD AREA
DECEMBER, 1960.

BLIND CHILDREN.	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Bernhard Baron Sunshine Home, Kingswinford, Staffs...	—	1	1
Chorleywood College for the Blind, Hertfordshire ..	—	2	2
Condover Hall School for Blind Children, Shrewsbury ..	1	1	2
Henshaw's School for the Blind, Manchester	3	—	3
Royal Normal College for the Blind, near Shrewsbury ..	2	—	2
Tenovus Sunshine Home, near Bridgend, Glam. ..	1	—	1
			<hr/> 11 <hr/>
DEAF CHILDREN.			
Bridge House School, Harewood, Yorks... ..	1	—	1
Elmete Hall School, Leeds	1	—	1
Mary Hare Grammar School for the Deaf, Newbury, Berks.	1	—	1
St. John's R.C. Institution for the Deaf, Boston Spa, Yorkshire	3	1	4
			<hr/> 7 <hr/>
DELICATE CHILDREN.			
Hillaway Homes, Devon	2	—	2
St. John's R.C. Open-Air School, Woodford Bridge, Essex	2	—	2
St. Patrick's Open-Air School, Hayling Island, Hants. ..	—	1	1
Totnes High School, Totnes, Devon	—	1	1
			<hr/> 6 <hr/>
EDUCATIONALLY SUB-NORMAL CHILDREN.			
Aldwark Manor School, Alne, near York... ..	1	—	1
All Soul's Special School, Hillingdon, Middlesex ..	—	3	3
Besford Court R.C. School, Worcester	3	—	3
Crowthorn School, Edgworth, near Bolton	1	1	2
Drayton Manor School, Sherfield-on-Loddon, Hants. ..	1	—	1
High Close School, Wokingham, Berks.	—	1	1
Hilton Grange School, near Leeds... ..	1	1	2
Pontville R.C. School, Ormskirk, Lancs.	1	—	1
Rossington Hall School, Doncaster	8	—	8
St. Francis' Residential School, King's Heath, Birmingham	—	2	2
			<hr/> 24 <hr/>
EPILEPTIC CHILDREN.			
Colthurst House School, Warford, Cheshire	1	—	1
Maghull Home, Maghull, Liverpool	—	1	1
Soss Moss School, Chelford, Cheshire	2	—	2
			<hr/> 4 <hr/>

MALADJUSTED CHILDREN.				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Shotton Hall, Harmer Hill, near Shrewsbury	..	..		1	—	1
Breckenbrough School, Thirsk	..	..	..	1	—	1
Camphill—Rudolf Steiner School, Aberdeenshire	..	..		—	1	1
						<hr/> 3
						<hr/> <hr/>

PHYSICALLY HANDICAPPED CHILDREN.						
Dame Hannah Rogers School, Ivybridge, Devon	..	..		—	2	2
Irton Hall School, Cumberland	..	..	..	1	—	1
Moor House School, Hurst Green, Oxted, Surrey	..	..		—	2	2
Thieves' Wood Special School, Mansfield	..	..	..	1	—	1
Welburn Hall School, Kirbymoorside, Yorkshire	..	..		—	1	1
Wilfred Pickles School, Duddington, near Stamford,						
Lincs.	..	..	..	2	—	2
						<hr/> 9
						<hr/> <hr/>

FULL-TIME COURSES OF FURTHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students continued attendance at recognised institutions :—

Yorkshire School for the Blind (one boy, brush-making).

Royal National Institute for the Blind (one boy, physiotherapy).

Royal Residential School for the Deaf (one boy, baking and confectionery).

Royal Normal College for the Blind (one girl, shorthand and typewriting).

THE PROBLEM FAMILY CHILD AT SCHOOL

"I'm sure I don't know half the people who come to my house. Indeed, from all I hear, I shouldn't like to."

Oscar Wilde, "An Ideal Husband."

Teachers, attendance and welfare officers and school nursing sisters are only too well aware of families presenting an intractable problem not only to themselves but to many of the other social services. Palliative measures are often of little avail, although it is hoped that special educational facilities for E.S.N. or maladjusted pupils may help the children from many of these families, and so prevent a new generation from slipping into the ways of the old.

Dr. C. H. Wright has closely followed some of these families for many years and, in view of her special interest, she was invited to make a contribution for inclusion in the Report.

"The children from problem families are handicapped in many ways. The mother, because of small children at home, often does not attend for the child's medical examination. The children are usually half-washed, at best, in dirty ill-fitting clothes and footwear. Most of the younger children manage to be cheerful and self possessed, but a few are withdrawn to the extent of appearing to be backward. At an older age they are inclined to be self-conscious and aware of their poor clothing and awkwardness. Some, by no means all, are under-nourished because underfed, or fed on a diet which consists almost entirely of starch. These children are pale and flabby in their early years; as infants they were "rice pudding" babies and they grow up on chips, bread and jam, sweets and tea. Those who stay to school dinner are assured of one good meal each day, and it is common for social workers to comment upon the marked improvement seen in children after they have attended school for some time, and have had the advantage of the school mid-day meal. Unfortunately others go home to bread and jam and cheap pastry, because they do not like the type of food provided.

Physical defects found on examination may be neglected if the mother cannot, or will not, keep her appointments for the specialist clinics. Glasses prescribed, if worn and broken, may not be mended. Speech therapy if accepted is abandoned before it has time to be effective. Child guidance is viewed with grave suspicion and dismissed as a sign of mental disturbance in those who dispense it rather than a procedure likely to benefit.

A very common characteristic of Problem Family children is poor school attendance. The discipline of getting children to school five days per week is in many cases the first to be imposed with any consistency. The mother

would, by inclination, lie in bed till mid-day if she could, and so the mother and child between them, aided perhaps by the usual childhood infections, will find a means of continually avoiding school attendance. There are still many homes from which the children set off for school without breakfast, although this is not confined to Problem Families.

While in the case of young children the responsibility for poor school attendance must rest with the parents a rather different situation arises in the case of the adolescent who stays at home from school for long periods, on flimsy pretexts, or truants. A study of the school attendances of the Problem Family children shows unexpected variations and apparent inconsistencies. Of thirty families observed who have children of school age, twenty display rather poor or very poor school attendance. In eight of those however the poor attenders are the older children only, in families with young children who attend school well. The reasons why the older child defaults from school include sensitivity about poor clothing, lack of school uniform and lack of footwear. In other cases disturbed family situations give rise to insecurity and rebellion against inadequate or rejecting parents, the latter often showing in truancy. There is no doubt that older girls are kept at home, in times of crisis, to help with the younger children and the habit relaxed is not easily reformed. By the age of twelve and thirteen their sights are set beyond school on early marriage.

Neither boys nor girls display much ambition in relation to a job and the incentive to acquire skills is thereby diminished. The reasons given for non-attendance bring out a great variety of rationalisations from poorly integrated personalities unable to adapt to the grossly abnormal family situations in which they live. But when educational backwardness is added to poor intellectual endowment behaviour problems and delinquency may follow, and potentialities do not develop.

In the families already mentioned, places in Day Nurseries or Nursery Schools have been offered for children under school age. Where these have been accepted, the mother is relieved of stress, and enabled to give her attention to the current baby or babies. Attendance is of benefit to the children, in as much as good food, security and the discipline of a routine are substituted for the "free for all" atmosphere of home.

The children of school age, particularly some over the age of ten years, who do not fit well into group activities have been encouraged to attend a Children's Club at which they have opportunities for handwork activities and, more important, for meeting adults who have the time and are able to give them a sense of identity as individuals, in an atmosphere of permissiveness.

If it were possible to go further and ensure that each child from the Problem Family married a freely chosen partner from a slightly sounder social background than his own, the number of ill-cared for children in the schools might well diminish as the years advance".

NURSERY SCHOOLS AND CLASSES

*“ Please take my hand
And lead me safely through the days
Of childhood into grown up land.”—Anon.*

Miss Dent, Chief School Nursing Sister, reports :—

“ The tables on page 76 show the heights and weights of the children in nursery schools and classes ascertained at the annual inspections.

The sisters have continued to visit twice or three times each week. The children benefit from the supervision and treatment given, and the relationship formed with the parents at this early age proves to be an advantage when the children attend ordinary school.”

PHYSICAL EDUCATION

A full account of the year's work is found in the Report of the Organiser of Physical Education on pages 87 to 99.

The school health service staff realise that physical education plays an important part in the development of the child and reports are given by school medical officers on the suitability of pupils for various types of physical activity, e.g., the advanced swimming course, swimming competitions and boxing. During periodic health inspections, head teachers are also informed of any restrictions on physical activity considered necessary in particular cases.

HEALTH EDUCATION

“ Is not a really noble education the best possible precaution?”

—Plato, “ The Republic.”

Talks to Parent-Teacher Associations and other groups and societies were given by members of the staff in the evenings.

School nursing sisters by request give talks and demonstrations on child care to older girls in some schools.

Doctors taking the Diploma in Child Health, fourth-year medical students, students taking the Diploma in Education, students from the School of Social Studies and various foreign visitors were shown the work of the School Health Service.

Thanks are due to the teachers who demonstrate and co-operate so willingly during these visits.

MISCELLANEOUS

REMAND HOMES

All boys and girls are medically examined to ensure freedom from infection before admission to the remand homes, and fully examined before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee	132
Examinations for stage licences	9
Juvenile Court cases	232
Annual medical examinations of “ Boarded-out ” children	102

Fitness for part-time work, e.g., newspaper delivery or errand boy in various trades :—

Number passed	1,474
Number not recommended	9

Examinations of students for admission to training colleges for teachers :—

Men	109
Women	149
	— 258

SCHOOL MEALS SERVICE

*" All persons are made alike.
They are made of bones, flesh and dinners.
Only the dinners are different."*

—Gertrude Cheney (at age 9)

SCHOOL MEALS

The school meals are inspected by the School Medical Officers during each periodic health inspection. Their reports testify to the high standard maintained in the quality and cooking of the food, and in the variety of the menus.

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December, 1960, are as follows :—

January	35,793	July	34,703
February	35,781	August	*
March	35,624	September	37,294
April	35,869	October	37,989
May	35,881	November	38,202
June	35,201	December	37,959

* All Schools closed in August.

	1959	1960
Number of dinners supplied on payment..	5,601,093	6,136,172
Number of dinners supplied free	584,608	530,590
Number of dinners supplied on part-payment of 6d.	29,402	20,066

The following is the number of children on free meals in December, earlier years being included for comparison—

1954	1955	1956	1957	1958	1959	1960
3,560	3,231	2,862	2,960	3,527	3,460	3,200

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to a one-third pint bottle per day per child and no charge is made.

During the year ended 31st December, 1960, 11,491,053 one-third pints of beverage milk, representing approximately 478,794 gallons, were supplied to pupils in Sheffield Schools.

Drinking straws are provided and all milk supplied to the schools is pasteurised.

MILK—Average bottles being provided daily

1960				Primary and Secondary Schools	Grammar Schools	Non- Maintained Schools	Total
January	..	..	..	52,001	3,812	2,944	58,757
February	..	..	..	51,107	3,820	2,907	57,834
March	..	..	..	50,969	3,810	2,895	57,674
April	..	..	..	50,767	3,833	2,858	57,458
May	..	..	..	52,556	3,904	2,960	59,420
June	..	..	..	52,608	3,863	2,950	59,421
July	..	..	..	51,677	3,827	2,444	57,948
August	..	..	..	—	—	—	—*
September	..	..	..	52,767	4,530	2,888	60,185
October	..	..	..	52,737	4,366	2,887	59,990
November	..	..	..	52,090	4,140	2,877	59,107
December	..	..	..	50,812	4,114	2,768	57,694

* All Schools closed in August.

A return to the Ministry of Education shows that on a day in October, 1960, 86·1% of pupils received beverage milk and 51% received dinners.

CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street	All	Full-time	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopædic, heart and chiropody clinics. Central inspection, minor ailment and immunisation clinics.
Clinic for Young Deaf Children, 7, Leopold Street.. ..	All	Thurs. mornings and afternoons	Diagnosis of Degree of Deafness and Auditory Training.
CHILD GUIDANCE. Child Guidance Centre, 9, Newbould Lane	All	Full-time	} Child Guidance.
Handsworth Branch Clinic, Hall Road 104, Parkside Road	22 25	Thurs. mornings Friday afternoons	
SPEECH THERAPY. Speech Therapy Clinic, 9, Newbould Lane	All	Full-time	
Attercliffe Branch Clinic, Vicarage Road	18	Thurs. afternoons	} Speech Therapy.
Greenhill Branch Clinic, Greenhill County School	8	Wednesday mornings	
Handsworth Branch Clinic, Hall Road	15	Monday mornings	
Manor Branch Clinic, Prince Edward County School	29	Tuesday all day	
104, Parkside Road	27	Wednesday mornings	
Shiregreen Branch Clinic, Shiregreen County School	20	Friday all day	
DISTRICT MEDICAL CLINICS. Attercliffe Branch Clinic, Vicarage Road	18	Mon., Tues., Wed., and Friday afternoons	} Inspection, minor ailment and immunisation clinics.
Central Clinic, 7, Leopold Street— District E	26	Mon., Wed., and Sat. mornings	
District F	26	Tues. and Thurs. afternoons & Sat. mornings	
Greenhill Branch Clinic, Greenhill County School	8	Tuesday mornings	
Handsworth Branch Clinic, Hall Road, Handsworth	14	Wed. mornings	
Heeley Branch Clinic, Lowfield County School	36	Mon., Tues. and Fri. afternoons	
Hillsborough Branch Clinic, Broughton Road	26	Mon., Tues. and Thurs. afternoons	
Manor Branch Clinic, Prince Edward County School	32	Mon., Tues., Wed. and Thurs. afternoons	
Pitsmoor Branch Clinic, Ellesmere Road County School	21	Mon., Tues. and Thurs. afternoons	
Shiregreen Branch Clinic, Shiregreen County School	16	Mon. and Wed. afternoons	
Southey Green Branch Clinic, Southey Green County School	5	Thurs. afternoons	
Wisewood Branch Clinic, Wisewood County School	6	Wed. and Fri. afternoons	
Wybourn Branch Clinic, Wybourn County School	5	Mon. and Thurs. mornings	

Clinic	No. of Schools	Times of Attendance	Work undertaken
DENTAL CLINICS. Central Clinic, 7, Leopold Street ..	51	Varies	{ Routine and casual dental treatment, special dental cases, dental radiography and M. & C.W. dental treatment.
Attercliffe Branch Clinic, Vicarage Road	21	„	{ Routine and casual dental treatment, dental radiography and M. & C.W. dental treatment.
Hatfield House Lane Branch Clinic, Hatfield House Lane County School	14	„	{ Routine and casual dental treatment, and M. & C.W. dental treatment.
Heeley Branch Clinic, Lowfield County School	32	„	
Owler Lane Branch Clinic, Owler Lane County School	18	„	
Rowlinson Branch Clinic, Rowlinson Technical School	9	„	
Southey Green Branch Clinic, Southey Green County School	11	„	

INSPECTION AND MINOR

Condition	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Hands-worth
SKIN—							
Ringworm—Scalp ..	—	—	—	—	—	—	—
Body ..	—	—	—	—	—	—	—
Scabies	3	6	—	9	—	1	—
Impetigo	4	—	—	2	1	—	1
Other	388	329	389	357	278	297	241
EYE—							
Defective vision ..	87	135	97	107	74	108	86
Squint	6	9	—	3	6	2	—
Other	102	144	51	51	26	29	30
EAR—							
Defective hearing ..	81	58	7	33	35	44	24
Otitis media	81	30	12	17	6	7	13
Other	144	235	85	86	29	48	69
NOSE AND THROAT—							
Chronic tonsillitis and adenoids	39	13	11	—	—	—	8
Other	163	299	57	74	63	36	49
SPEECH	35	23	20	15	26	23	31
LYMPHATIC GLANDS ..	—	—	—	—	—	—	—
HEART	2	—	1	6	6	2	3
LUNGS	76	49	2	2	8	7	7
DEVELOPMENTAL—							
Hernia	2	—	—	—	—	—	1
Other	—	—	—	—	—	2	1
ORTHOPÆDIC—							
Posture	—	—	—	—	1	3	1
Feet	—	—	—	—	—	—	—
Other	71	148	19	101	47	69	19
NERVOUS SYSTEM—							
Epilepsy	4	4	3	1	4	7	1
Other	—	6	2	—	4	8	1
PSYCHOLOGICAL—							
Development	1	4	6	—	5	3	2
Stability	12	6	—	21	3	15	10
ABDOMEN	21	19	—	8	3	—	4
OTHER	1,078	835	564	719	675	597	290
Cases	2,400	2,352	1,326	1,612	1,300	1,308	892
Examinations	5,099	3,463	2,129	3,238	1,839	2,172	1,493

AILMENTS CLINICS 1960

Green-hill	Shire-green	Manor	Wise-wood	Southey Green	Wybourn	Total	Condition
—	—	—	—	—	—	—	SKIN—
—	1	—	—	—	—	1	Ringworm—Scalp
—	2	14	—	5	2	42	Body
1	1	1	—	—	8	19	Scabies
235	114	550	168	30	128	3,504	Impetigo
							Other
							EYE—
48	67	127	27	23	14	1,000	Defective vision
1	1	2	—	—	—	30	Squint
46	66	51	52	11	39	698	Other
							EAR—
13	20	22	5	4	6	352	Defective hearing
12	14	45	6	9	5	257	Otitis media
72	56	105	179	19	97	1,224	Other
							NOSE AND THROAT—
2	14	3	6	13	31	140	Chronic tonsillitis and adenoids
29	107	90	176	38	526	1,707	Other
29	10	26	1	2	2	243	SPEECH
—	5	—	—	4	2	11	LYMPHATIC GLANDS
10	6	5	1	2	2	46	HEART
19	46	7	—	23	6	252	LUNGS
							DEVELOPMENTAL—
—	—	—	—	—	—	3	Hernia
—	10	2	—	5	1	21	Other
							ORTHOPÆDIC—
—	—	—	—	2	—	7	Posture
—	—	—	—	—	—	—	Feet
36	40	77	142	9	34	812	Other
							NERVOUS SYSTEM—
4	5	7	—	—	1	41	Epilepsy
1	11	—	3	10	—	46	Other
							PSYCHOLOGICAL—
10	1	13	2	1	—	48	Development
3	3	12	—	—	—	85	Stability
6	23	25	1	14	67	191	ABDOMEN
283	373	609	445	136	265	6,869	OTHER
860	996	1,793	1,214	360	1,236	17,649	Cases
1,552	2,228	2,699	1,910	897	2,478	31,197	Examinations

PRECIS, 1960

	Children	Attend- ances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools	1,836	
Periodic Health Inspections	22,214	
Selected cases	1,194	
“ Following up ”	5,877	
Special cases	2,152	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection and Minor Ailments Clinics	17,649	31,197
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools	244,610	
Visits to homes	1,840	
Minor dressings at clinics and schools	16,555	45,797
OPHTHALMIC CLINIC—		
Examined by the Surgeon	3,679	3,853
Dressed by Nursing Sisters.. .. .	1,157	4,409
Orthoptic treatment	562	1,757
AURAL CLINIC—		
Examined by the Surgeon	516	705
Dressed by Nursing Sisters.. .. .	1,979	10,054
ORTHOPÆDIC CLINIC—		
Examined by the Surgeon	203	213
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician	93	115
CHIROPODY CLINIC—		
Treated by the Chiropodist	999	2,055
DENTAL CLINICS—		
Inspected at schools	25,632	
Inspected at clinics	3,967	
Treated by School Dental Surgeons	9,375	17,046
IMMUNISATION AGAINST DIPHTHERIA—		
At schools and clinics	2,639	6,400
CHILD GUIDANCE CENTRE	865	4,826
SPEECH THERAPY CLINIC	529	7,196
TOTAL ATTENDANCES OF CHILDREN AT CLINICS		135,623

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill	Hands-worth	Shire-green	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	Total
Inspection and Minor Ailments Clinics	5,099	3,463	2,129	3,238	1,839	2,172	1,552	1,493	2,228	2,699	1,910	897	2,478	—	31,197
Dressings by School Nursing Sisters—															
Eye cases	258	351	208	109	143	89	32	360	186	165	57	223	223	2,228	4,409
Ear cases	1,967	897	964	385	658	267	229	556	1,341	348	172	514	514	1,756	10,054
Minor	5,668	2,288	2,330	2,155	1,699	853	990	1,863	7,393	1,770	727	4,654	4,654	13,407	45,797
Treatment Clinics—															
Ophthalmic	—	—	—	—	—	—	—	—	—	—	—	—	—	3,853	3,853
Orthoptic	—	—	—	—	—	—	—	—	—	—	—	—	—	1,757	1,757
Aural	—	—	—	—	—	—	—	—	—	—	—	—	—	705	705
Orthopædic	—	—	—	—	—	—	—	—	—	—	—	—	—	213	213
Rheumatism & Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	115	115
Chiropody	—	—	—	—	—	—	—	—	—	—	—	—	—	2,055	2,055
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	17,046	17,046
Diphtheria Immunisation	—	—	—	—	—	—	—	—	—	—	—	—	—	6,400	6,400
Child Guidance Centre	—	—	—	—	—	—	—	—	—	—	—	—	—	4,826	4,826
Speech Therapy Clinics	—	—	—	—	—	—	—	—	—	—	—	—	—	7,196	7,196
TOTALS	12,992	6,999	5,631	5,887	6,511	2,761	2,744	5,007	11,619	4,193	1,853	7,869	61,557	135,623	

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1959 Inches	1960 Inches	Number Examined 1960	Age	1920 Inches	1938 Inches	1945 Inches	1959 Inches	1960 Inches	Number Examined 1960
5	40.5	42.44	42.93	43.19	43.17	2,587	5	40.75	42.13	42.64	42.86	42.88	2,505
6	42.75	44.76	44.77	45.61	45.62	2,804	6	42.45	44.24	44.63	45.29	45.34	2,633
7	44.4	47.09	46.98	48.08	48.04	2,799	7	44.05	46.77	46.59	47.67	47.62	2,596
8	46.9	49.21	49.84	50.2	50.32	2,694	8	46.9	48.86	48.85	49.76	49.93	2,637
9	48.45	50.47	50.38	52.28	52.28	2,793	9	47.95	50.39	51.22	51.99	51.86	2,676
10	49.8	52.28	54.31	54.14	54.26	2,923	10	50.25	52.13	54.38	54.07	54.1	2,814
11	53.55	53.98	54.91	56.05	55.99	3,228	11	51.1	55.28	55.62	56.24	56.4	2,985
12	54.05	56.42	56.44	57.86	57.99	2,822	12	54.5	57.52	57.96	58.62	58.73	2,685
13	55.7	57.91	59.1	60.43	60.36	3,078	13	56.05	58.9	60.02	60.51	60.63	3,014
14	56.45	59.8	60.38	63.02	63.05	2,641	14	57.	60.75	60.9	61.78	61.84	2,662
15	—	—	—	65.13	65.36	655	15	—	—	—	62.59	62.62	650
16	—	—	—	67.59	67.41	151	16	—	—	—	63.34	63.35	188

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1959 Pounds	1960 Pounds	Number Examined 1960	Age	1920 Pounds	1938 Pounds	1945 Pounds	1959 Pounds	1960 Pounds	Number Examined 1960
5	38.6	41.49	41.58	43.32	43.42	2,587	5	38.9	39.93	40.18	42.1	42.21	2,505
6	42.2	45.72	44.95	48.15	48.56	2,804	6	40.45	43.87	43.71	47.24	47.57	2,633
7	45.1	51.1	49.77	53.93	55.82	2,799	7	42.1	49.21	47.62	52.97	53.09	2,596
8	50.15	56.17	57.12	59.93	60.67	2,694	8	49.05	54.17	54.41	58.9	59.76	2,637
9	52.25	60.	61.73	66.6	66.94	2,793	9	52.2	58.	59.12	65.93	65.93	2,676
10	57.7	64.29	74.52	73.26	73.87	2,923	10	53.4	63.8	67.61	73.26	73.94	2,814
11	68.2	70.86	73.49	80.02	80.92	3,228	11	61.75	75.44	77.48	81.66	83.02	2,985
12	70.4	80.14	79.35	88.22	89.61	2,822	12	71.05	83.47	85.85	93.42	93.44	2,685
13	73.75	85.61	90.07	99.59	99.34	3,078	13	77.35	89.66	96.04	103.43	104.53	3,014
14	79.55	94.14	95.16	111.42	112.57	2,641	14	78.95	100.5	99.65	112.41	112.28	2,662
15	—	—	—	122.86	124.27	655	15	—	—	—	117.43	117.65	650
16	—	—	—	137.2	137.12	151	16	—	—	—	121.21	121.65	188

HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		
5	2,587	43.17	728	43.53	1,351	43.1	508	42.85	5	2,505	42.88	679	43.3	1,303	42.8	523	42.53		
6	2,804	45.62	785	46.1	1,429	45.53	590	45.2	6	2,633	45.34	766	45.66	1,366	45.24	501	45.13		
7	2,799	48.04	857	48.42	1,394	48.01	548	47.53	7	2,596	47.62	771	48.23	1,264	47.47	561	47.13		
8	2,694	50.32	876	50.73	1,269	50.22	549	49.9	8	2,637	49.93	810	50.54	1,275	49.73	552	49.5		
9	2,793	52.28	867	52.88	1,382	52.09	544	51.81	9	2,676	51.86	798	52.44	1,360	51.71	518	51.38		
10	2,923	54.26	844	54.81	1,495	54.13	584	53.78	10	2,814	54.1	820	55.	1,424	53.98	570	53.4		
11	3,228	55.99	961	56.39	1,703	55.91	564	55.56	11	2,985	56.4	868	56.8	1,559	56.27	558	56.15		
12	2,822	57.99	898	58.5	1,427	57.86	497	57.44	12	2,685	58.73	825	59.15	1,402	58.62	458	58.31		
13	3,078	60.36	911	60.75	1,634	60.31	533	59.83	13	3,014	60.63	898	61.02	1,597	60.56	519	60.19		
14	2,641	63.05	817	63.33	1,370	63.09	454	62.43	14	2,662	61.84	855	62.26	1,357	61.67	450	61.54		
15	655	65.36	309	65.72	279	65.11	67	64.69	15	650	62.62	334	62.88	263	62.47	53	61.74		

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS							
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools	
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds
5	2,587	43.42	728	43.96	1,351	43.33	508	42.85	5	2,505	42.21	679	43.13	1,303	41.97	523	41.59
6	2,804	48.56	785	49.68	1,429	48.27	590	47.75	6	2,633	47.57	766	48.2	1,366	47.42	501	47.02
7	2,799	55.82	857	60.02	1,394	54.3	548	53.13	7	2,596	53.09	771	54.35	1,264	52.87	561	51.87
8	2,694	60.67	876	61.54	1,269	60.55	549	59.57	8	2,637	59.76	810	61.43	1,275	59.21	552	58.57
9	2,793	66.94	867	68.66	1,382	66.31	544	65.79	9	2,676	65.93	798	67.53	1,360	65.64	518	64.21
10	2,923	73.87	844	75.71	1,495	73.32	584	72.64	10	2,814	73.94	820	76.67	1,424	73.58	570	70.91
11	3,228	80.92	961	81.75	1,703	81.13	564	78.86	11	2,985	83.02	868	83.63	1,559	82.94	558	82.29
12	2,822	89.61	898	90.94	1,427	89.86	497	86.51	12	2,685	93.44	825	94.77	1,402	93.08	458	92.15
13	3,078	99.94	911	101.7	1,634	99.8	533	97.36	13	3,014	104.53	898	105.64	1,597	104.74	519	101.98
14	2,641	112.57	817	114.	1,370	112.77	454	110.	14	2,662	112.28	855	113.24	1,357	112.28	450	110.48
15	655	124.27	309	126.03	279	123.33	67	120.08	15	650	117.65	334	117.92	263	117.83	53	115.02

NURSERY SCHOOLS AND CLASSES

HEIGHTS

Boys					GIRLS				
Age	1957 Inches	1959 Inches	1960 Inches	Number examined 1960	Age	1957 Inches	1959 Inches	1960 Inches	Number examined 1960
2	35.78	35.69	35.73	4	2	35.13	36.53	34.39	10
3	37.94	38.12	38.06	291	3	37.46	37.85	37.76	258
4	40.	39.87	40.09	352	4	39.52	39.74	39.78	249

WEIGHTS

Boys					GIRLS				
Age	1957 Pounds	1959 Pounds	1960 Pounds	Number examined 1960	Age	1957 Pounds	1959 Pounds	1960 Pounds	Number examined 1960
2	30.71	30.34	32.85	4	2	29.38	30.6	29.52	10
3	34.85	34.69	34.42	291	3	33.88	34.09	33.65	258
4	38.47	37.6	38.5	352	4	36.86	37.06	37.1	249

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1960

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1961 .. 71,631

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)
1956 and later	660	659	99·85	1	·15
1955	2,913	2,911	99·93	2	·07
1954	3,314	3,312	99·94	2	·06
1953	753	752	99·87	1	·13
1952	78	78	100·	—	—
1951	28	28	100·	—	—
1950	45	45	100·	—	—
1949	1,738	1,737	99·94	1	·06
1948	3,638	3,630	99·78	8	·22
1947	1,547	1,547	100·	—	—
1946	1,967	1,967	100·	—	—
1945 and earlier ..	4,416	4,415	99·98	1	·02
TOTAL	21,097	21,081	99·92	16	·08

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1956 and later	4	72	53
1955	82	407	363
1954	83	414	414
1953	50	134	163
1952	22	43	58
1951	15	38	40
1950	22	45	57
1949	132	238	341
1948	272	409	652
1947	112	182	285
1946	109	211	288
1945 and earlier ..	409	385	761
TOTAL	1,312	2,578	3,475

TABLE C—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	25,486
Number of Re-inspections	..	..	..	..	..	24,567
						<hr/>
					TOTAL	50,053
						<hr/>

TABLE D—INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	..	..	..	..	147,298
(ii) Total number of individual pupils found to be infested	..	..	..	..	2,415
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	..	..	..	..	2,403
(iv) Total number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	..	..	..	..	—

PART II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect or Disease (1)	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	Requiring Treatment (2)	Requiring Ob ervation (3)	Requiring Treatment (4)	Requiring Observation (5)	Requiring Treatment (6)	Requiring Observation (7)	Requiring Treatment (8)	Requiring Observation (9)
Skin	88	99	134	22	379	78	601	199
Eyes—(a) Vision	169	639	409	122	734	517	1,312	1,278
(b) Squint	112	123	20	19	93	75	225	217
(c) Other	20	22	12	6	39	40	71	68
Ears—(a) Hearing	92	72	25	14	91	87	208	173
(b) Otitis Media ..	37	144	19	14	65	98	121	256
(c) Other	64	63	58	5	125	24	247	92
Nose and Throat	222	716	26	23	149	209	397	948
Speech	53	214	2	2	35	73	90	289
Lymphatic Glands	14	219	1	1	4	107	19	327
Heart	10	128	8	22	23	118	41	268
Lungs	23	249	4	23	27	80	54	352
Developmental—								
(a) Hernia	5	55	1	1	8	15	14	71
(b) Other	13	46	4	—	20	26	37	72
Orthopædic—								
(a) Posture	—	33	5	11	4	46	9	90
(b) Feet.. ..	41	108	19	9	63	139	123	256
(c) Other	44	188	20	24	64	141	128	353
Nervous System—								
(a) Epilepsy	7	18	2	3	10	31	19	52
(b) Other	3	14	—	—	2	12	5	26
Psychological—								
(a) Development ..	3	23	—	3	4	24	7	50
(b) Stability	15	149	4	15	12	91	31	255
Abdomen	5	15	2	—	1	13	8	28
Other	22	205	19	17	82	142	123	364

TABLE B--SPECIAL INSPECTIONS

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation
Skin.. ..	3,558	43
Eyes—(a) Vision	845	438
(b) Squint.. ..	41	25
(c) Other	690	24
Ears—(a) Hearing	295	121
(b) Otitis Media	266	37
(c) Other	1,196	53
Nose and Throat	1,788	228
Speech	211	97
Lymphatic Glands	20	26
Heart	31	67
Lungs	187	142
Developmental—		
(a) Hernia	3	7
(b) Other	6	19
Orthopædic—		
(a) Posture	5	5
(b) Feet	—	6
(c) Other	752	96
Nervous System—		
(a) Epilepsy	26	42
(b) Other	28	27
Psychological—		
(a) Development	46	10
(b) Stability	69	47
Abdomen	170	25
Other	4,339	358

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	728
Errors of refraction (including squint)	3,102
TOTAL	<u>3,830</u>
Number of pupils for whom spectacles were prescribed ..	2,997

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear	4
(b) for adenoids and chronic tonsillitis	217
(c) for other nose and throat conditions	21
Received other forms of treatment	3,330
TOTAL	<u>3,572</u>

Total number of pupils in schools who are known to have
been provided with hearing aids :—

(a) in 1960	14
(b) in previous years	153

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ..	950
(b) Pupils treated at school for postural defects	5
TOTAL	<u>955</u>

TABLE D—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	1
Scabies	42
Impetigo	19
Other Skin Diseases	3,479
TOTAL	<u>3,541</u>

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Clinics	865
---	-----

TABLE F—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	529
--	-----

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	5,043
(b) Pupils who received convalescent treatment under School Health Service arrangements	205
(c) Pupils who received B.C.G. Vaccination	6,915
(d) Other than (a), (b) and (c) above—	
Chiropody	999
Diphtheria Immunisation	2,639
Heart	19
Chest Clinic	6,209
Orthoptic	562
TOTAL (a) — (d)	<u>22,591</u>

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of Pupils inspected by the Authority's Dental Officers :—							
(a)	At Periodic Inspections	..	..	..	..	..	25,632
(b)	As Specials	..	..	..	..	..	3,967
TOTAL (1)		..	..	..	..	..	29,599
(2)	Number found to require treatment	..	..	..	..	..	19,998
(3)	Number offered treatment	..	..	..	..	..	15,314
(4)	Number actually treated	..	..	..	..	..	9,375
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)							
		..	..	..	..	..	17,046
(6) Half-days devoted to :—							
	Periodic (School) Inspection	..	..	..	..	..	181
	Treatment	..	..	..	..	..	2,253
TOTAL (6)		..	..	..	..	..	2,434
(7) Fillings :—							
	Permanent teeth	..	..	..	..	..	6,385
	Temporary teeth	..	..	..	..	..	18
TOTAL (7)		..	..	..	..	..	6,403
(8) Number of teeth filled :—							
	Permanent teeth	..	..	..	..	..	5,599
	Temporary teeth	..	..	..	..	..	18
TOTAL (8)		..	..	..	..	..	5,617
(9) Extractions :—							
	Permanent teeth	..	..	..	..	..	3,490
	Temporary teeth	..	..	..	..	..	10,220
TOTAL (9)		..	..	..	..	..	13,710
(10) Administration of general anæsthetics for extraction		..	..	..	..	..	7,161
(11) Orthodontics :—							
(a)	Cases commenced during the year	..	..	..	..	..	30
(b)	Cases brought forward from previous year	..	..	..	..	..	34
(c)	Cases completed during the year	..	..	..	..	..	22
(d)	Cases discontinued during the year	..	..	..	..	..	6
(e)	Pupils treated with appliances	..	..	..	..	..	64
(f)	Removable appliances fitted	..	..	..	..	..	53
(g)	Fixed appliances fitted	..	..	..	..	..	22
(h)	Total attendances	..	..	..	..	..	522
(12) Number of pupils supplied with artificial dentures		..	..	..	..	..	96
(13) Other operations :—							
	Permanent teeth	..	..	..	..	..	3,823
	Temporary teeth	..	..	..	..	..	13
TOTAL (13)		..	..	..	..	..	3,836

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES, YEAR 1960.

During the calendar year 1960 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic (10) Speech Defects		Total (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
A. Newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes	1	—	3	1	74	23	105	3	—	1	211
B. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ..	1	—	4	2	73	24	95	4	1	—	204

On or about 20th January, 1961 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted	(3) Deaf (4) Partially Deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally Sub-normal (8) Maladjusted	(9) Epileptic (10) Speech Defects	TOTAL (1) — (10)
C. (i) On the registers of— (1) Maintained Special Schools as :— (a) Day pupils (b) Boarding pupils (2) Non-Maintained Special Schools as :— (a) Day pupils (b) Boarding pupils (ii) On the registers of Independent Schools under arrangements made by the Authority (iii) Boarded in Homes and not already included under (i) or (ii) above	(1) (2) — 24 8 — — — 12 — — — — —	(3) (4) 43 10 4 1 — — 5 — — — — —	(5) (6) 306 99 16 2 — 4 — 3 — — 2 —	(7) (8) 518 — 11 — — 2 — 2 — — — —	(9) (10) — — 1 — — 1 — — — — — —	(11) 1,000 43 — 38 5 2
TOTAL (C)	20 24	52 11	327 108	538 4	3 1	1,088

On or about 20th January, 1961:— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic (10) Speech Defects		TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
D. Being educated under arrangements made under Section 56 of the Educa- tion Act, 1944 :—											
(i) In Hospitals	—	—	—	—	—	20	—	—	—	—	20
(ii) In other groups	—	—	—	—	—	—	—	—	—	—	—
(iii) At Home	—	—	—	—	1	8	—	—	—	—	9
E. Requiring places in Special Schools											
(i) TOTAL :—											
(a) Day	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding	—	—	—	—	—	—	2	—	1	—	3
Number of pupils included in these totals :—											
(ii) Who had not reached the age of 5 and were awaiting :—											
(a) Day places	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding places	—	—	—	—	—	—	—	—	—	—	—
(iii) Who had reached the age of 5 but whose parents had not con- sented to their admission to a Special School and awaiting :—											
(a) Day places	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding places	—	—	—	—	—	—	—	—	—	—	—

F. On the registers of Hospital Special Schools	..	..	..	..	..	..	..	..	..	..	37
G. During the <i>calendar year</i> ended 31st December, 1960, number of children reported to the local health authority :—											
(a) Either under Section 57(3) (prior to 1-11-60) or under Section 57(4) (from 1-11-60) ..	..	..	..	..	..	..	..	..	..	..	37
(b) Under Section 57(5) prior to 1-11-60 ..	..	..	..	..	..	..	..	..	..	..	31
(c) Decisions that a child is unsuitable for education at school cancelled under Section 57A(2) of the Education Act, 1944 ..	..	..	..	..	..	..	..	..	..	..	—

COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1960.

SECTION	Gross Expenditure	Income	Net Expenditure	Cost in terms of a Penny Rate	
				Gross Expenditure	Net Expenditure
	£	£	£	d.	d.
Medical Inspection and Treatment ..	126,719	3,693	123,026	4·87	4·73
Special Schools	272,387	73,323	199,064	10·47	7·65
TOTALS	399,106	77,016	322,090	15·34	12·38

PHYSICAL EDUCATION

“ Stand and unfold yourself.”—William Shakespeare, “ Hamlet,” I, i.

By Mr. L. Morant, Organiser of Physical Education.

1. “ Introduction

The year has been marked by the publication of several reports having a bearing on the welfare of young people of post-school age. Of these, the two most concerned with physical, recreational, and social training were the Albemarle Report on the Youth Service and the Wolfenden Report on “ Sport and the Community ”. Both reports emphasise the very great importance of physical recreation for young people, and make specific recommendations about facilities, equipment, leadership and coaching.

There is obviously a more general appreciation of the needs of young people, and sufficient enthusiasm and good-will to provide these needs, but unfortunately the desired expansion cannot take place unless there is also a liberal attitude towards the financial problems which have to be faced. Throughout the country many plans for the development of facilities are in abeyance until the Ministries concerned find it possible to relax restrictions on capital expenditure.

It is often remarked that excellent facilities for physical education and recreation are being provided in the new schools, but the suggestion that school facilities should be made more readily available to the community at large tends to overlook the fact that the size and area of gymnasia and playing surfaces are strictly limited by Ministry of Education Building Regulations in which the standards are based entirely on the needs of the schools. Any demand for other use must entail extra financial provision either for additional facilities or improved maintenance. This is particularly true in the case of turf which can only sustain limited wear and there is an obvious need, in urban areas particularly, for a more durable surface suitable for the playing of games in all weathers.

Whatever the fate of the recommendations in the Reports when policies are formulated and priorities allotted, one important feature of the Wolfenden Report which is worthy of notice is the enlightened view taken of the purpose and value of recreation. Whilst acknowledging that play can and obviously does have beneficial effects on health, it is emphasised that play, which is widely defined as anything distinct from what a man regards as his work, is essential for the well-balanced development of an individual or a community : and that “ an industrialised society, in which repetitive processes have largely taken the place of individual creation, needs to examine the contribution which play can make to full living ”. If this contribution is to be of the greatest possible value, there must be maximum freedom for individuals to

select recreative activities which suit and appeal to them, but such freedom of choice is impossible without a wide and varied provision of opportunities and facilities. This fact has had a strong influence on the work in schools for many years now. As the ensuing notes will show the classical aim of a strong, shapely, efficient body under the control of a sound mind, whilst still desirable, is not in itself sufficient. The performance of exercises designed to have specific effects on groups of muscles or physiological systems is now augmented by the practice of a large variety of activities which will provide pleasurable recreative interests long after school days are over.

2. Activities in Schools

(a) Physical Education

Good progress has been made throughout the year in all those aspects of the advisory service which are directed towards influencing the quality and effectiveness of the work in the schools. The general principle has been to define policies based on modern philosophies of education and on local circumstances and needs, and to provide Head Teachers and their staffs with all possible guidance and assistance in carrying out these policies in the varying conditions which are to be found in the schools. On the playing fields, as in the gymnasia, halls and swimming baths, teaching methods have been used which are designed to allow each pupil to develop according to individual ability and aptitude. The children respond well to such methods and, in addition to the excellent physical development which is plain to see, the educational effects are most beneficial. Instead of being instructed as members of a standardised unit, pupils are encouraged to think and act independently or in the interests of the group. The effect of this is to develop their self-confidence and powers of initiative, to make them more self-reliant and resourceful, and to improve their ability to co-operate with others.

Every school has received at least one visit per term from a member of the organising staff. Advice has been given and demonstration lessons taken for individual teachers, or sometimes for the entire teaching staff of a school after normal hours.

In addition the following courses of instruction have been organised and conducted, all out of school hours, and tribute is due to the many teachers who have given up time to become more proficient in this branch of education :—

Teachers' Courses

							Number Enrolled
1.	Gymnastics for Teachers of Senior Girls	..	..				48
2.	Course for Teachers of Juniors—						
	Course 1	..	..	..	..	..	86
	Course 2	..	..	.		..	54

	Number Enrolled
3. Youth Leaders' Course for Men	46
4. Youth Leaders' Course for Women	19
5. Course for Teachers in Secondary Schools	42
6. Films for Teachers of Girls in Secondary Schools (Athletics, Gymnastics, Dance, Hill Climbing, Hockey, Netball, Scottish Dancing, Tennis) ..	51
7. Swimming Course for Teachers (Woodthorpe) ..	24
8. Infant Course (Hunter's Bar) P.E...	36
9. Infant Course (Malin Bridge) (a) P.E...	30
(b) Dance	30
10. Trampoline Course (S.Y.P.E.A.).	46

The following improvements in facilities have been a source of encouragement to teachers and pupils alike, and have had a stimulating effect on the work :—

Primary Schools :

Indoor accommodation has been provided or improved at All Saints' C.E., Heeley Bank, Hunter's Bar, Meersbrook Bank, Owler Lane Infants', Pye Bank and Pomona Street Schools.

Secondary Schools :

The opening of Myers Grove, Tapton and Waltheof Secondary Schools has provided excellent facilities for the first time for the children of the nine contributory schools.

Further Education :

The two gymnasia at Granville College will be the first to be provided near the city centre and, in association with the Principal, plans are already being made to use them for teachers' courses and other centralised activities.

Efforts have been maintained to supply adequate appropriate equipment to all departments and the position is now generally satisfactory. Considerable improvements could be made if reductions in Purchase Tax could be obtained on articles which are clearly used for educational rather than purely recreational purposes.

(b) Games

The improvement in facilities and the coaching courses which have been organised for teachers have contributed to an improvement in the quality, scope, and educational effectiveness of the training given.

Playing fields have become available for use at Hurlfield Boys', Newfield Girls' and Newfield Boys' Secondary Schools. Further areas are in process of consolidation and will soon be available for limited use at Athelstan and Herdings Primary, and at Jordanthorpe Girls', Myers Grove, Rowlinson and Tapton Secondary Schools.

There has been a considerable development during the year of the practice of one school visiting another to play several games simultaneously. Cases have been noted of up to 300 pupils from two schools, with the appropriate number of teachers, being engaged in a Saturday morning programme consisting of matches in association football, rugby football, hockey, netball and basket-ball. A programme of this type obviously provides opportunity for a greater number of participants than is usual, and the social training given incidentally during the visits has also proved most effective and valuable.

This heavy use of facilities obviously adds to the difficulties of maintenance and great care has to be exercised in the conservation of turf in particular.

(i) *Association Football*

Almost every school has taken part in a comprehensive programme of inter-school matches designed to provide fair competition for all.

The final results of the league competitions were :—

Competition	No. of Teams	Winners	Runners-up
City League	12	Brook Secondary	Coleridge Road Secy.
Clegg Shield	18	Coleridge Road Secy.	Hinde House Secy.
United Shield	14	Woodthorpe Secy.	Tinsley Mixed
Wednesday Shield (A)	37	Meynell Road Secy.	Norfolk Secy.
do. (B)		Carfield Secy.	Shiregreen Secy.
News Chronicle and Dispatch Competition	18	Hinde House Secy.	Coleridge Road Secy.
Gleeson Cup	8	St. Theresa's R.C.	St. Vincent's R.C.
Catholic League Championship	7	St. Peter's R.C. Secy.	St. Theresa's R.C.

The City team had its most successful season for many years, reaching the semi-final of the English Schools' Shield. They were knocked out by Manchester after a most exciting match at Bramall Lane.

The following boys gained distinction during the season :—

INTERNATIONAL HONOURS

- L. Badger (Coleridge Road Secondary School)
- K. Lee (Final Trialist)—(Western Road Secondary School)

COUNTY HONOURS

- S. Clarke (Walkley County School)
- J. Grey (Upperthorpe County School)

(ii) *Rugby Football*

With the improvement in facilities an increasing number of schools are widening the scope of their games training. Many boys are given coaching in rugby as well as association football and several schools have demonstrated that this can be done without adverse effect on the success of representative teams.

Whitby Road Boys' School maintained its great tradition for sport by winning all the three Trophy Competitions in this last year before the school was reorganized and the Seniors transferred to Waltheof Secondary Shcool.

(iii) *Hockey (Girls)*

This year there has been an increasing interest in hockey, due in part to the formation of two leagues, which have played matches during the winter season. This added competition has encouraged a much higher standard of play in the teams taking part.

Despite the very poor weather during the autumn term, the fifth annual tournament was played at Hurlfield Girls' School in December. Fifteen schools entered teams and the cup was won by Hurlfield who beat Shirecliffe Secondary School by two goals to nil.

(iv) *Hockey (Boys)*

Certain schools have continued to provide coaching in hockey for boys, many of whom now have the experience of playing three major winter games before they leave school. This, together with the fact that they receive training also in athletics, badminton, basket-ball, cricket, tennis and swimming, means that they have a considerable choice of recreative physical activity to occupy their increased leisure time in post-school years.

(v) *Cricket*

The shortage of good wickets has necessitated a considerable amount of improvisation in the development of this game. Modern methods of class coaching have ensured that sound training in the basic skills can be given even indoors when necessary, but the application of this training under match conditions on turf has been subject to limitations. Pitches in the public parks are not available until Whitsuntide, and there is a great need for more hard pitches which would be available for play whenever it is not actually raining.

The inter-school leagues and competitions were again well supported and it is a pleasure to report the efforts made to obtain the maximum educational value from the matches. Standards of play, dress and sportsmanship were generally very good.

The competition winners were as follows :—

Small schools	..	..	..	Upperthorpe County School
Stokes Shield	..	..	..	Prince Edward Secondary School
Barber Shield	..	..	..	Woodthorpe Secondary School

The arrangement by which the Education Committee hire the indoor nets at Bramall Lane for the use of selected boys has again been very much appreciated. 130 boys have received coaching from enthusiastic schoolmasters and the effect of this work has been reflected in the very fine play of the City team.

(vi) *Netball*

All girls attending Sheffield schools have the opportunity of playing this game and very high standards are reached. The results of the inter-school competitions were as follows :—

Competition	No. of Teams	Winners	Runners-up
Graves Shield.. ..	18	Meynell Road Secy.	Burngreave Secy.
Creswick Trophy ..	18	Meynell Road Secy.	Chaucer Secy.
Hadfield Trophy ..	7	Maltby Street Mixed and Infants'	Morley Street Mixed
Miller Shield	6	Maltby Street Mixed and Infants'	Upperthorpe Mixed

The Annual City Netball Tournament was held at Hurlfield Girls' Secondary School on 26th March, 1960. 49 teams took part.

The Senior Championship was won by Burngreave Secondary and the Junior by Meynell Road Secondary.

(vii) *Rounders*

This game retains its popularity in primary schools and girls' secondary schools. In addition to its value in its own right, it has the additional advantage that it develops several fundamental skills such as throwing, catching, hitting and running, and provides an excellent introduction to team competition.

The annual tournament held at the Abbeydale Grammar School playing field was a great success, attracting entries from 111 teams.

The results of the inter-school competitions were as follows :—

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield ..	27	Wybourn Secy.	Abbeydale Secy.
Fred Bye Trophy ..	29	Meynell Road Secy.	Beaver Hill Secy.
Quine Trophy	10	Abbeydale Junior and Infants'	Hatfield House Lane Junior and Infants'
Eaton Cup	47	Maltby Street Mixed and Infants'	Firs Hill Junior
Carr Cup .. .	48	Woodbourn Junior	Abbey Lane Junior and Infants'

(viii) *Basket Ball*

This game is becoming increasingly popular in secondary schools for boys. It is an excellent game demanding good team play, agility, and quick thought and action. The year has seen the formation of the Sheffield Schools' Basket Ball Association and its affiliation to the National Association.

Sheffield were beaten by Doncaster in the first round of the English Schools' Championship, the match being played at Tapton Secondary School.

The fourth annual tournament was won by Jordanthorpe Boys' School from an entry of 24 teams.

(ix) *Tennis*

Fourteen new hard courts were provided during the year raising the total controlled by the Committee to 101. They are all used regularly during organised games lessons for class coaching purposes.

A tennis league was started, 10 schools taking part. The girls' section was won by Silverdale Secondary School, whilst Tapton Secondary were successful in the sections for mixed and boys' doubles. 19 schools took part in the third annual inter-schools tennis tournament. The boys' doubles were won by Rowlinson Secondary, the girls' by Abbeydale Grammar School and the mixed by Tapton Secondary.

Graham Hopkinson of Marlcliffe Secondary School won the Sheffield and District Tournament for boys under 15.

(x) *Badminton*

Badminton is now played in almost all secondary schools and the coaching demonstrations held have undoubtedly brought about an improvement in the standard of play. A very successful inter-schools league provided an interesting series of matches throughout the season, and the finals held at Hinde House Secondary School were a pleasure to watch. Badminton and tennis have been conducted as club activities, much of the responsibility falling on the pupils. The high standards of play, behaviour, and dress were a credit to all concerned.

(c) *Athletics*

The efforts to secure the acceptance of athletics as an integral part of the physical education scheme in secondary schools have continued. All new schools are provided with a practice area specially designed for class instruction and this facility is also being extended to existing schools and communal playing fields. The training given in the gymnasia throughout the year is then applied under first-class conditions as weather permits.

The improved standards of performance noted in the annual City gala at the Hillsborough Stadium were one proof of the effectiveness of the systematic training.

A strong Sheffield team was successful in the Yorkshire championships held at Hull, and four pupils were selected to represent Yorkshire in the National Championships.

Cross-country running was as popular as ever in boys' schools, 42 of which were represented in the regular Saturday morning league. In addition, 35 schools competed in the race for the Senior Atkin Cup which was won by King Edward VII School.

(d) *Dance*

The programme of dancing presented in primary and secondary girls' schools continues to give the children opportunity to participate in traditional and creative types of dance. It has been pleasing to see the widening interest in providing different types of stimuli for creative dance particularly in the infant schools. A festival of English folk dancing was held during the summer term. This was a most successful evening organised by the Folk Dance Society, and gave a large number of children the pleasure of dancing together. The evening was the culmination of much hard work and enthusiasm from the schools and teachers taking part.

Sheffield Aesthetic and National Dance Society

The society had a busy year although the total membership was lower than in 1959. At the end of the spring term the annual party for children taught by members was held in the Central Technical School and was greatly enjoyed by the large company present. During May the society organised a visit from the Mimic Dance Theatre. The company's programme was very successful and was watched by 1,500 children at six performances in various parts of the city.

The society was pleased to be able to welcome Miss J. Tomlinson in November to take an evening of "Modern Educational Dance". Both those taking part and the large audience appreciated her enthusiasm and her helpful presentation of the subject.

(e) *Camping and School Journeys*

There has been an increased interest in camping and allied activities and several schools have acquired a good stock of equipment by voluntary effort. In some cases standing camps have been used as a base for more adventurous light-weight mobile camping. These types of activity are worthy of every encouragement both for their immediate educational advantages and because they provide a healthy recreational use of leisure after school.

Further work has been done in the development of the Duke of Edinburgh's Award scheme and 17 schools are now taking an active part. Two conferences have been organised at which guidance has been given to interested teachers and leaders. Two boys who were first introduced to the scheme at Brook Secondary School have continued to attend in the evenings and were recently presented with their Gold Awards by the Duke in a ceremony at Buckingham Palace.

(f) *Swimming*

Almost all children between the ages of 10 and 12 receive regular instruction despite the fact that some of the newer schools are a considerable distance from the swimming baths.

The scheme of instruction developed during recent years, with the aim of teaching all children to swim before they leave the junior school at 11 years of age, is producing very satisfactory results. During the past year there were several junior schools at which every pupil due for transfer to a secondary school was able to swim a minimum of 25 yards, and many others reported over 90% able to swim. Despite this emphasis on the teaching of non-swimmers it is pleasing to report the usual successes in life saving and in competitive swimming.

ATTENDANCES IN SCHOOL TIME

Year	No. of Attendances
1957	290,774
1958	286,636
1959	295,134
1960	306,138

DISTANCE CERTIFICATES

Lengths in Yards	Boys				Girls			
	1957	1958	1959	1960	1957	1958	1959	1960
25	2,613	2,793	2,937	2,906	1,878	2,227	2,486	2,644
100	2,173	2,079	2,199	2,251	1,488	1,562	1,741	2,027
440	1,799	1,619	1,636	1,816	1,161	1,121	1,219	1,409
880	1,518	1,310	1,383	1,602	889	816	851	1,030
TOTALS	8,103	7,801	8,155	8,575	5,416	5,726	6,297	7,110

Grand Totals	1957..	..	13,519
	1958..	..	13,527
	1959..	..	14,452
	1960..	..	15,685

(i) *Life Saving*

Awards made by the Royal Life Saving Society for success in their examinations were as follows :—

Intermediate Certificate ..	1,784
Bronze Medallion	877

In addition to the Intermediate Certificates and Bronze Medallions the following awards were also obtained :—

	1959	1960
Scholar Instructor	21	12
Instructor	36	48
Bronze Cross	28	36
Award of Merit.. .. .	11	17

Sheffield has a very proud record for the number of awards gained. Most of the examinations were conducted by the Committee's professional teachers of swimming and they reported a good standard of performance throughout.

Other life saving awards gained by Sheffield schools were :—

The Viner Shield	Springvale House Special School
The William Henry Memorial Cup	Springvale House Special School
The Biggin Shield	Rowlinson Technical School
The Potter Cup	Grange Grammar School
The Henry Cup for speed and efficiency	Jordanthorpe Secondary Girls' School

Hurlfield Secondary Boys' School were runners-up in the first National Championship Tournament which was held at Stafford.

(ii) *Awards of Merit*

These awards are made by the Sheffield Schools' Swimming Association and can only be gained by very accomplished swimmers.

Year	Boys	Girls	Total
1960	38	39	77

(iii) *Free Passes to Baths*

Free passes are awarded on a basis of one for every 20-lengths certificate gained by each department annually whilst attending a Corporation bath for instruction in swimming. A similar privilege is granted by the Education Committee to schools attending the Woodthorpe and King Edward VII swimming baths. These passes provide an incentive and give the more capable children an opportunity to make the most of their talents.

Passes were awarded as follows :—

City Teams	52
Training Scheme	85
Schools attending Public Baths	231
Woodthorpe and King Edward VII Baths	36
TOTAL	<u>404</u>

(iv) *H.M.S. “ Sheffield ” Trophy*

The artificers of H.M.S. “ Sheffield ” made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. The competition was won by Hurlfield Secondary Boys’ School.

(v) *The Winter Squadron Leagues*

These competitions continued to maintain interest in inter-school swimming throughout the winter and Mr. H. Hughes, the secretary, is to be congratulated on the good work done.

The results were :—

		Winners	Runners-up
Senior :	Boys ..	Hinde House Secy.	Tapton Secondary
	Girls ..	Upperthorpe County	Brook Secondary
Junior :	Boys ..	{ Burngreave Secy. Boys’ Abbeydale Secondary	Maltby Street County
	Girls ..	Upperthorpe County	Morley Street County

(vi) *English Schools’ Advanced Award*

This award demands all-round proficiency in swimming, both in style and speed, and above-average ability in diving. In 1960, 18 boys and 14 girls from Sheffield schools were successful.

3. School Sports and Tournaments

The number of schools organising their own open days, sports days and swimming galas is constantly increasing. These occasions, which are naturally the culmination of much hard work, serve a very useful purpose in acting as an incentive to teachers and children, in establishing good relations between staff, parents and members of the public, and in improving the prestige of the school as an influence for good in its environment.

4. Out-of-School Activities

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are fortunate in the amount, scope and quality of the voluntary efforts made for their benefit. It is not without significance that many Sheffield teachers are prominent in the organisation of schools’ sport at county and national level. Although the teachers concerned derive their main pleasure from the physical and social development of their charges, it is appropriate that their devoted service should receive this acknowledgment.

Among the organisations working consistently throughout the year are the Schools' Athletic Association and the Schools' Swimming Association. Other organisations making valuable contributions are the Teachers' Folk Dance Club, the Aesthetic and National Dance Society, the Teachers' Netball Club, the Men Teachers' Gymnastic Club and the Men Teachers' Cricket, Hockey and Football Clubs.

(a) The Sheffield Schools' Athletics Association

The members of this association, the second oldest of its type in the country, have a proud record of 70 years' voluntary service for the children of the City's schools.

The widening of the scope of games training has made it necessary to form further sections for hockey, basket-ball, tennis and badminton. The constituent sub-committees have all organised coaching and competitions in their own activities and their efforts have again been co-ordinated by the general secretary, Mr. E. Cornthwaite. The secretary of the Association Football section, Mr. C. Cawsey, again reports a successful season, with the many league competitions completed.

The Rugby Football section under the leadership of Mr. Gallagher has continued to develop and now seems to be prepared for a period of expansion.

The Rounders section under Mrs. Wooffitt and the Netball section under Miss Bennett have both had a busy and successful year, during which they have catered for very large numbers in league competitions and rallies.

Mr. H. Whitham, the secretary of the Athletics section, reports a very active season in which Sheffield children have been more successful in county and national events than ever before.

(b) The Sheffield Schools' Swimming Association

The association has had its normal year of great activity and considerable success. Nine district and two City galas were organised and the Yorkshire Schools' Championship Trophy was won for the 12th year in succession.

Mr. Hughes, Mr. Stables, Mrs. Blakey and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

(c) The Sheffield Teachers' Folk Dance Club.

This club has continued to encourage the teaching and practice of folk and traditional dances in schools, clubs and institutes under the jurisdiction of the Education Committee.

The seventeenth annual week-end course was held at Hatfield House Lane, attracting 80 teachers. The club is thriving, thanks to the efforts of Miss A. Bailey and Miss T. Ballard.

5. Conclusion

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his senior staff ; of the helpful co-operation of the Principal School Medical Officer, the Senior School Medical Officer and the staff of the School Health Service ; of the kindly assistance of the office staff and personal colleagues ; and of the friendly relationships existing with the teaching staff."

